Modern Hospital

SEPTEMBER 1949 Albert Schweitzer: a Modern Hospital interview .

Portrait of A.H.A. president John Hatfield . Opinion poll

on hospital problems • Cleveland Clinic • Nursing education

is on its way to college • Why not full-time medical staff members?



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SEPTEMBER 1949

		APPROVE AND BULLBULLOW	
ADMINISTRATION		MEDICINE AND PHARMACY	
The Temperature of the Hospital Field	48	On the Full-Time Principle in Hospitals E. M. BLUESTONE, M.D.	96
Nursing Education Is on Its Way to College GENEVIEVE K. BIXLER and ROY W. BIXLER	50	All's Quiet in the Medicine Room BETTY BORCHARDT	102
The Nation Is Prepared for Polio	53	A Formulary Has Economic Value	104
Two-Way Call System	54	Pituitary-Adrenal Mechanisms	106
Hatfield Wears the Mantle of Poor Richard R. M. CUNNINGHAM Jr.	55	FOOD AND FOOD SERVICE	
Albert Schweitzer—Humanitarian RAYMOND P SLOAN	59	Major Points of Kitchen Sanitation GEORGE K. HENDRIX	112
Cleveland Clinic Expands Without Dislocation	65	Food for Thought	116
Simplified Purchasing Records E K. LONGLEY	67	Menus for October 1949 MARTHA B. MASON	118
In Case of Fire HARRY E. PANHORST	68	MAINTENANCE AND OPERATION	4
The Modern Hospital Award	72	Putting Patients' Rooms in the Best Light CHARLES L. CLAY, M.D., and WILLARD ALLPHIN	.120
Consent for Operation	73	HOUSEKEEPING	
Internships for Housekeepers	74	A Budget Means Intelligent Planning CHARLES E. BERRY	124
Problems in Small Hospital Design	75	REGULAR FEATURES	
Ambulances for Prematures	78	We Introduce	4
		Reader Opinion	6
When the Hospital Meets the Press	79	Index of Advertisers Insert Following Pag	
Medicine's Response to Challenge	82	Small Hospital Questions Looking Forward	44
Selecting the Hospital Site FEDERAL SECURITY AGENCY	83	People in Pictures About People	87 88
Downtown Bulletin Board HARLAN L. PAINE Jr., and MRS. EVA MacMILLAN	85	News Digest Coming Meetings	130
Group Practice in England	85	The Bookshelf	168
VOLUNTEER FORUM		Occupancy Chart	174
	90	Want Advertisements	229
Volunteers Perform a Social Service MRS CHARLES F DARLINGTON	40	What's New for Hospitals	256

Published monthly and copyrighted, 1949. The Modern Hospital Publishing Company, Inc., 919 North Michigan Avenue, Chicago II, III., U. S. A. (Cable Address: Modital, Chicago.) Otho F. Ball, president: Raymond P. Sloan, vice president: Everett W. Jones, vice president: Stanley R. Clague, secretary; James G. Jarrett, treasurer. Subscription price: to hospitals and allied fields, architects, medical schools. libraries in North and South America, \$3 a year; overseas, \$4 a year. Single copies, 35 cents: beck copies, 50 cents to \$1. Subscriptions from all others, \$8 a year; single copies, \$1. Entered as second-class matter, Oct. 1, 1918, at the post office at Chicago, III., under act of March 3, 1879. Printed in U. S. A. Eastern Office, 101 Park Avenue, New York 17, N. Y. Pacific Coast Representatives, Roy M. McDonald & Co., Los Angeles, San Francisco, Seattle.



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AMONG THE AUTHORS

Genevieve Knight Bixler, A.M., University of Chicago, Ed. D., Columbia University, has been associated with nursing education for several years. She was research associate in the division of nursing education, Teachers College, Columbia University, for three and one-half years prior to 1943 and then coordinator between the National Nursing Council for War Service and the Division of Nursing Education of the U.S.



Public Health Service in Washington for two years. In 1945 she made a state survey in Michigan, the report of which is entitled "Nursing Resources and Needs in Michigan." Since 1945 she has been consultant in research for the Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland. She has also been consultant or instructor in several other university schools of nursing for shorter periods of service. With her husband, Mrs. Bixler has written the challenging article on nursing education that appears on page 50 of this magazine.

Roy W. Bixler, M.A., University of Chicago, Ed.D., Columbia University, is registrar at Drake University. He has worked in the administration of higher education since 1925, including five years during World War II in the division of higher education. United States Office of Education. He has been interested for almost as many years in the administration of nursing education. In 1939-40 he directed a



study of the administration of schools of nursing for the National League of Nursing Education. The report of this study was published by the league as a book entitled "Fundamentals of Administration for Schools of Nursing."

Scott Jones is a partner in Gardner & Jones, Chicago public relations counsel, whose clients include Wesley Memorial Hospital. Wesley's press relations program as directed by Mr. Jones is described in an article appearing on page 79. A graduate of Princeton University, Mr. Jones went into the advertising agency business before turning to the field of public relations. During the war, he was an orientation specialist with the



information and education division of the army. After special duty at the I & E School, Lexington, Va., and at the Pentagon, he served as correspondent and editor for army publications in the European theater of operations.

Now chief of the division of hospital construction and services, the agency that is administering Public Law 725 for the Illinois State Health Department, George Hendrix is a sanitary engineer with a number of years of experience in public health engineering. After being graduated from the University of Iowa in 1937 and doing postgraduate work in public health at the University of Michigan, Mr. Hendrix joined the



Illinois health department, serving as a member of the sanitary engineering staff until his transfer to the hospital construction division two years ago. During the war, he did sanitary engineering for the army at Camp Breckinridge, Ky., and in the European theater. His article on hospital kitchen sanitation is on page 112.

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Reader Opinion

High Time

Sirs: I have just finished reading the June release of the Secretary's News Pathologists (Dr. M. G. Westmoreland, 203 North Wabash Avenue, Chicago) Perhaps it was naive, but I have held an apparently false notion that the College of American Pathologists was primarily a professional association with scientific objectives. But, after reading this news letter, devoted almost entirely to the subject of pathologist-hospital relationships, I am inclined to believe that the college is primarily a propaganda agency with concepts of ethics and purposes smacking strongly of trade unionism

to attack - head on - this matter of hospital relationships and practices in respect to radiologists, pathologists and anesthesiologists, and to establish a code of clear-cut, fair and honest policies which would be ethically beyond challenge and legally sound. Now that pathologists and anesthesiologists are becoming more and more aggressive, I strongly feel that hospitals should come to grips and settle the issues once and for all.

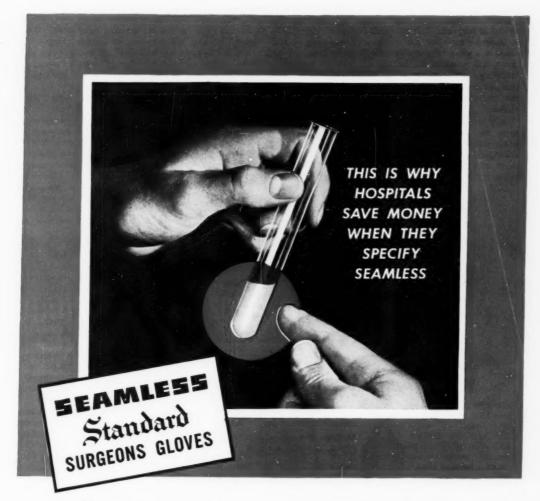
In the final analysis, this question, it

fee-for-service basis) totally impractical and undesirable, in my opinion.

The A.M.A. says "it . . . (shall be) Letter of the College of American illegal . . . and unethical for any lay corporation . . . to furnish medical services for a . . . fee which shall be so divided as to produce profit for a lay employer, either individual or institutional, including hospitals and medical schools." This reflects a complete disregard for, or ignorance of, the fact that no profits as such can accrue to anyone except the public through the operation of a voluntary nonprofit hospital. Furthermore, it indicates a gross lack of understanding of modern hospital service in relation to hospital financing.

I think most of us will recognize a I think it is high time for hospitals connection between the traditional unsound methods of charging for hospital service and the fixation of certain professional societies in terms of their belief that the x-ray department and the laboratory (and, in turn, the radiologist and the pathologist) are subsidizing other activities of a hospital, or, as they put it. "making a profit for the institution." Is this not true of many departments, such as the operating room and pharmacy?

We (hospitals) go on, year after year, presenting our services to the pubseems to me, will have to be resolved lic as an à la carte menu, pricing the not on the basis of what seems to be entrée, so to speak (room and board), best for the professional men themselves at rates that bear no relationship to the or for hospitals, but what is best for the actual cost of providing the services inpublic. And, in this regard, the concept cluded therein, and then loading other held by the public of what constitutes departmental charges to offset these hospital care cannot be disregarded, losses. Of course, the central objective The public has been taught by us to of this or any other method of pricing think of hospital service as a complete hospital services is to yield a total in-"package." I have repeatedly stated that come for any given period which apneither the public nor the medical pro- proximates the total expense for the fession regards a modern hospital as a same period. Until the day rate-plusseries of unrelated à la carte services, extras system is discarded, I do not bebut rather as a closely integrated organ-lieve that hospitals will ever be relieved ization prepared to serve completely of recurring administrative headaches any and all types of cases at any time, which arise as a result of theoretical In other words, no department or serv- departmental profits within the total ice in the modern hospital will stand service function. Furthermore, under alone, but all, related and integrated with the present system, I do not believe other professional and custodial services, hospital cost accounting will ever reach form a functional whole. Furthermore, the point where every charge will bear the very nature of hospital service as an exact relationship to the expense it has been promoted by its leaders and involved in providing a particular servexists today makes the segregation of ice, nor do I believe that such costly strictly professional services (which and detailed accounting is justified or might otherwise be sold privately on a would change in any degree the nature





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provided in hospitals. It is my opinion that inclusive rates for the collective services in a given hospital would have a great deal to contribute, by way of eliminating some of the sources of irritation and misinterpretation which now seem to haunt certain professional

employ any category of personnel including radiologists, pathologists, anesthesiologists, hospitals must set service balanced, the decrease in the yield of a charges at a minimum for individual particular department must be applied or all-inclusive services; in financial mat- as an increase on some other service or

or amount of any services now being ters, hospitals must represent and deservices. In other words, for hospitals big "profit" on a specialty department Equity must reign; when hospitals charges would naturally have to be over-all budget of the hospital is to be

fend the rights of the public at all times, which are operating at or below a baldisregarding vested interests of any anced budget, to decrease charges for group associated with hospitals. Some x-ray, anesthesia and so on would not hospitals may appear to be making a (if the budget is to be balanced, or the deficit is not to be increased) yield out of proportion to the income of the any benefit by way of lowered cost for physician specialist in charge. To de- complete hospital service to the public crease or correct this apparent disparity, patronizing a given institution. To be true, charges for individual patients lowered. It follows, however, if the would change, but the over-all cost to a hospital's community would remain the same. To decrease x-ray charges, for example, and thus eliminate a fancied crime which is said to be perpetuated upon a few medical specialists, would result in no over-all improvement for the general public but would simply change existing methods of appropriating charges.

Dr. Lucius Johnson's piece, entitled "Look Who's Practicing Medicine Now" (June issue of The MODERN HOS-PITAL), reminds us that hospitals are the creatures of the public, are financed and subsidized by the public, and that there is no such thing as a nonprofit institution getting rich, or, as the A.M.A.'s committee expresses it, "produce profit for a lay employer." There is only one element that can profit from the professional or fiscal policies of a nonprofit hospital, and that is-the public, by whom and for whom hospitals

were created and exist.

No one quarrels with, but on the contrary there is universal applause of, the approval and standardization programs of the A.M.A. and the American College of Surgeons. It is quite proper that these medical associations should exercise their good influences on matters pertaining to diagnostic and treatment services as provided in hospitals. But when any such professional bodies invade purely administrative areas and, with threats of reprisal, presume to dictate administrative and fiscal policies of public agencies, it seems to me that they are entirely out of order. In the final analysis, it is not in the public interest that inflexible rules of the game should be prescribed which might, in any degree, have the effect of perpetuating inefficiency by ensuring security without that security's being related to the same kind of attributes which spell out vocational and financial success in every other field-namely, skill plus personality plus time plus effort. Charges against hospitals of exploitation are not likely to stand up, where the individual specialist concerned has a good product to offer by way of ability, judgment and a willingness to invest a





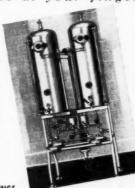
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reasonable degree of personal effort. The law of supply and demand operates for hospital-medical specialists, too.

This thing of hospitals exploiting radiologists, pathologists and anesthesiologists leaves me completely cold. After all, such specialists are full-grown men with certain abilities and services to sell to someone. They should be perfectly free agents in determining for themselves whether they are making a good deal or otherwise. It is folly for doctors of medicine to presume that they are the only specialized or professional people in our society and, in the area of corporation employment, should be given special privilege. Physicians have certain services, judgments and abilities to sell-so have specialists in other fields, including engineers, teachers and, if I may be pardoned for saying so, hospital administrators. This is not to suggest that all physicians should work for a fixed salary. I am the first to acknowledge the full importance of the personto-person relationship between a physician and his patient, which can only be preserved in accordance with the traditional free-choice-fee-for-service method of medical practice which has been so successful in our country. But this relationship does not necessarily have to be carried into branches of medicine, such as pathology and radiology and anesthesiology, in order to guarantee quality performance in these areas. With respect to these particular services, the patient, for the most part, exercises little (if any) choice in selecting such specialists, and, in the vast majority of cases, the patient-physician relationship between these particular medical specialists and the patient is so impersonal as to be almost completely absent. I believe, therefore, that physicians practicing in these specialties should find it no matter of serious ethical concern to accept payment for their professional judgment, on a salary. Certainly, by so doing, no values should be lost because the "sacred ground" of physician-patient personal relationship has been "invaded" by a corporation.

I am deadly serious when I say that this matter of radiologist-pathologist-anesthesiologist-hospital relationships has been kicked around long enough in a totally inconclusive manner. Whenever the question gets hot, we (hospitals) come up with some platitudinous statement of principles. Not so the professional societies, which militantly refer to "disciplining" or boycotting hospitals or their members who don't conform.

The time has come, it seems to me, when hospitals and the professional societies representing these groups should get into the ring (legal or otherwise) and settle the issues, one way or the other—for keeps. . . . A draw or technical knockout can only prolong the agony.

Carl I. Flath

Queen's Hospital Honolulu, T.H.

Round Table

Sirs:

Congratulations on the excellent round table which appeared recently in The MODERN HOSPITAL. It is unusual to find both sides of a question discussed openly and freely by reasonable, intelligent individuals. Much more is gained this way by all concerned than by indulging in the highly one-sided, debate type of articles.

John J. Andujar, M.D. Harris Memorial Methodist Hospital Fort Worth, Tex.

Menus

Sire.

As a subscriber and faithful reader of your magazine, I am interested in knowing how you select the person each month who writes the monthly menus. Are these menus submitted to the magazine by dietitians or foods supervisors, or are the individuals contacted and asked to submit monthly menus?

I am not a dietitian, but in addition to my duties as superintendent, director of nursing service, purchasing agent and executive housekeeper, as well as administrator, I plan the menus for patients and staff and purchase the food. I am greatly interested in food service, and find your menus full of wonderfully worthwhile suggestions.

This is a 30 bed hospital for college students, both boys and girls, with no seriously ill patients at any time, so our menus present somewhat different problems and needs from those of a general hospital

Carol H. Burt, R.N.

Pennsylvania State College State College, Pa.

This department is under the direction of Mrs. Mary P. Huddleson, former president of the American Dietetic Association and editor of the American Dietetic Association Journal, who acts as a consulting editor. Under her general supervision the various articles, menus and other features are contributed voluntarily by dietitians at various hotpitals. We do write and ask for these contributions.—ED.

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Above: TREATMENT ROOM in St. Vincent Children's Building — showing stainless steel cabinet at right and counter with built-in sink at lett. Sink has fully-rounded corners and coves to facilitate cleaning. One-piece, seamless fronts, flush-fitting drawers and doors, and other fine details of construction, are typical of all Blickman-Built cabinets.

Right: STAINLESS STEEL EQUIPMENT in Utility Room showing, from left to right, linen and sterile material cabinet, rubber sheeting bor, stainless steel counter with built-in round-corner sink. Counter has hot-plate at left and cracked ice bin below.

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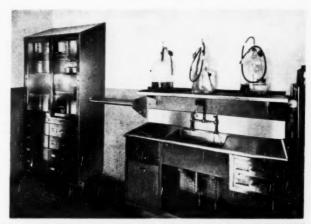


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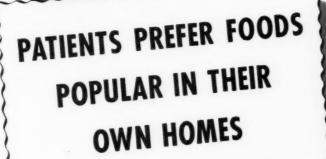
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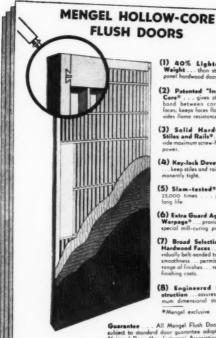
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- (7) Broad Selection of Hardwood Faces . . indi-vidually belt-sanded to satin smoothness ... permits wide range of finishes ... reduces finishing costs
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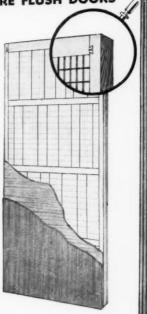
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INDEX TO ADVERTISEMENTS

(HPF) after company name indicates that further descriptive data are filed in catalog space in HOSPITAL PURCHASING FILE—26th Edition

A		Crescent Surgical Sales Company, Inc. (HPF)	2
A	206	Cutter Laboratories (HPF)	. 8
Abbott Laboratories		_	
Advance Floor Machine Company (HPF)	128	D	
Airkem, Inc.	120	Dant & Russell, Inc. Darnell Corporation, Ltd. (HPF) Debs Hospital Supplies, Inc.	3
Air Transport Assn. for Air	138	Darnell Corporation, Ltd. (HPF)	12
Express Div., Railway Express Alconox, Inc. (HPF)	241	Debs Hospital Supplies, Inc.	23
Alconox, Inc. (HPF)	208	Deco-Plastics, Inc.	14
Aloe Co., A. S. (HPF) Aluminum Cooking Utensil Co. (HPF) American Floor Surfacing Machine Co.	29	Deco-Plastics, Inc. DePuy Manufacturing Co. (HPF) Despatch Oven Company Detroit-Michigan Stove Co.	25
Aluminum Cooking Utensii Co. (AFF)	224	Despatch Oven Company	23
A C A	195	Detroit-Michigan Stove Co.	4
American Hospital Supply Corp. (HPF) 5.	42, 43, 205	Detroit Steel Products Co. Dewey & Almy Chemical Company	14
American Hospital Supply Corp. (HPF) American Laundry Machinery Co. (HPF)	34 35	Dewey & Almy Chemical Company	2.
American Machine & Metals, Inc. (HPF)	33	Diack Controls (HPF) Dixie Cup Company Dolge Company, C. B. Don & Company, Edward Dunham Company, C. A. (HPF)	1,
American Radiator & Standard Sanitary Cor	p. 189	Dixie Cup Company	-
American Cafaty Paras Corn	209	Dolge Company, C. B.	25
American Safety Razor Corp. American Steel & Wire Co.	21	Don & Company, Edward	13
American Steel & Wire Co.	9	Dunham Company, C. A. (HPF)	1
American Sterilizer Company (****)	22 23	Duponi de Nemours & Company, E. I. following pag	e.
American Steel & Wire Co. American Steel & Wire Co. American Sterilizer Company (HPF) Armour Laboratories Armstrong Company, The Gordon (HPF)	253	Dyphenol Company	12
Armstrong Cork Company	37 188	E	
Armstrong Cork Company Atlas Floor Surfacing Machinery Corp.	255		
Allas Floor Sur heling Iviacilitery Corp.	200	Eastman Kodak Company Edwards Company Inc.	13
В		Edwards Company Inc.	2
Baker Linen Company, H. W. (HPF)	253	Eichenlaubs	2
Bard-Parker Company, Inc. (HPF)	151	Elgin Softener Corporation (HPF)	20
Sarnstead Still & Sterilizer Co. (HPF) Sarnstead Still & Sterilizer Co. (HPF) Sassick Company (HPF) Sayer & Black (HPF)	215	Elgin Softener Corporation (HPF) Ethicon Suture Laboratories (HPF) Everest and Jennings (HPF)	2
lassick Company (HPF)	184	Everest and Jennings (HPF)	24
Jasset Company North State	18. 241	F	
layter Laboratories	5	Facing Tile Institute	
leckley-Cardy Co. (HPF)	224	Facing Tile Institute 30 Fairbanks, Morse & Company	22
Jerhecker & Sons Inc. Julius (HPF)	233	Finnell System, Inc. (HPF)	15
Birtcher Corporation	144		22
Nickman Inc. S. (HPF)	11, 117	Food Service Equipment Industry, Inc.	10
Blickman, Inc., S. (HPF) Blodgett Company, Inc., G. S. (HPF) Brillo Manufacturing Co.	163	Franklin Porcesch Company, Inc.	17
Irillo Manufacturing Co.	252	Franklin Research Company Fuller Brush Company (HPF)	17
roli Instruments Inc	144	rulier brush Company (1117)	14
rooklyn Hospital Equipment Co. Inc.	230	G	
Iroli Instruments, Inc. Irooklyn Hospital Equipment Co., Inc. Iuroeklyn Hospital Equipment Co., Inc.	184	Geerpres Wringer, Inc. General Cellulose Co., Inc. General Electric Company General Foods Corporation 12, 13, General & Sons, Inc. (HPF) Gerson-Stewart Company	20
urrows Company (HPF)	224	General Cellulose Co. Inc.	25
arrows company trans		General Flectric Company	24
C		General Foods Corporation 12 13	II
Cadillac Motor Car Division (HPF) Cannon Mills, Inc. Carand Corporation	46	Gennett & Sons Inc. (HPF)	20
Cannon Mills, Inc.	127	Gerson-Stewart Company	15
arand Corporation	217	Gerson-Stewart Company Glasco Products Company	1
Carbisulphoil Company	235		23
arnegie-Illinois Steel Corporation	21	Goodrich Company, B. F.	
Carrom Industries, Inc. (HPF) facing Castle Company, Wilmot (HPF)	Page 145	Gudebrod Brothers Silk Co., Inc. (HPF)	21
astle Company, Wilmot (HPF)	148	Gumpert Company, Inc., S. (HPF) 2nd Co	
Seco Steel Products Corp.	176		240
hampion Dish Washing Machine Co.	136	Н	
	OFF	Hall & Sons, Frank A. (HPF)	25
hatham Manufacturing Co following	Page 144	Hall China Company	
The Phermaceutical Products Inc. (HPF)	111	Haney and Associates, Inc., Charles A. (HPF)	
lark Linen & Equipment Co. (HPF)	255	Hard Manufacturing Co. (HPF)	-
larke Sanding Machine Co.	25	Hard Manufacturing Co. (HPF) Harold Supply Corp. (HPF)	24
lassified Advertisements	229-250	Heinz Company, H. J.	19
lay-Adams Co. Inc	154	Heinz Company, H. J. Herrick Refrigerator Company (HPF)	25
Jeveland Range Company (HPF)	251	Hewitt-Robins Inc	22
olson Corporation	204	Hild Floor Machine Co (HPF)	15
olt's Manufacturing Co	192	Hewitt-Robins Inc. Hild Floor Machine Co. (HPF) Hill-Rom Company (HPF) Hillyard Sales Companies (HPF)	23
our S Manufacturing Co.	172	Hillyard Sales Companies (HPF)	13
Chapin Equipment Co. Chatham Manufacturing Co. following Ciba Pharmaceutical Products, Inc. (HPF) Clark Linen & Equipment Co. (HPF) Clarke Sanding Machine Co. Classified Advertisements Clay-Adams Co., Inc. Cleveland Range Company (HPF) Colson Corporation Colt & Manufacturing Co. Columbia Mills, Inc. Columbia Steel Company	1/5	Hodoman Rubber Company	24
John Company	21	Hollister Company Franklis C	24
Columbia Steel Company Continental Coffee Company Continental Hospital Service, Inc. (HPF)	207	Hodgman Rubber Company Hollister Company, Franklin C. following Page Horner Woolen Mills Co.	24
Crane Company (HPF)	177	Horner Woolen Mills Co. Hospital Industries Assn. 178,	24
rane i omnany intel	1//	FIGURE INCUSTRIES ASSET	1 /

Hamital Liquids Inc	131	Pequat Mills	242
Hospital Liquids, Inc. Hospital Purchasing File	254	PerfeKtum Products Company	252
Mospital Furchasing File		Perry, Inc., Parker D.	237
Hospo Organization Hotpoint, Inc. (HPF) facing Page	113	Phenix Box and Label Company	252
	39	Philmont Manufacturing Co.	26
Huebsch Mfg. Co.	134	Physicians and Hospitals Supply Co., Inc. (HPF) 249
Huntington Laboratories, Inc. (HPF)	134	Physicians' Record Company (HPF)	32
1		Piatt & Smillie Chemicals, Inc.	190
Ille Electric Corporation (HPF)	244	Pick Company, Inc., Albert	218
International Equipment Company (HPF)	139	Picker X-Ray Corporation (HPF)	109
International Minerals & Chemical Corp.	115	Pilling & Son Co., George P.	36
International Nickel Company, Inc.	91	Pilling & Son Co., George P.	45
Iodine Educational Bureau	165	Pioneer Rubber Company (HPF)	
lodine Educational Dureau	100	Pittsburgh Plate Glass Company	248
)		Potter Mfg. Corp. Powers Regulator Co.	153
Johns-Manville	182	Powers Regulator Co.	186
Johnson & Johnson	257	Pratt & Lambert, Inc.	100
Jones Metal Products Co. (HPF)	184	Pratt & Lambert, Inc. Presco Company	145
Judd Co., Inc., H. L. (HPF)	170		
Just Manufacturing Co. (HPF)	246	Procter & Gamble Prometheus Electric Corp. (HPF)	143
Just Manufacturing Co. (1977)	240	Puritan Compressed Gas Corp. (HPF)	8
K		0	
Kellogg Company	201	O in Community (HPE)	160. 235
Kenwood Mills (HPF)	190	Quicap Company (HPF)	100, 233
Ketchum, Incorporated	219	R	
Vergene Railer Corporation		Reid, Murdoch & Co.	198
Kewanee Boiler Corporation	185	Remington Rand, Inc.	221
Kohler Company	100	Reynolds Tobacoo Co., R. J.	203
L		Ritter Company, Inc. (HPF)	95
Legge Co., Inc., Walter G. (HPF) facing page	161	Day Inc. Will	213
Lehn & Fink Products Corp. 24. Leonard Valve Company (HPF)	155	Ross, Inc., Will	2.3
Loonard Valve Company (HPF)	218	S	
Libbey Glass Company (HPF) Lilly & Company, Eli Lily-Tulip Cup Corp.	197	Seamless Rubber Company (HPF)	6, 7
Cilly & Company Eli	3	Seven Up Company	191
Lily & Company, En	199	Sexton & Company, John (HPF) following	page 112
Lincoln-Schlueter Floor Machinery Co., Inc.	249	Shampaine Company (HPF)	150
	149	Simmons Company (HPF) following	page 160
Linde Air Products	135	Sklar Manufacturing Company, J. (HPF)	3rd cover
Livsey Equipment Company	133	Slean Value Company	4th cover
M		Sloan Valve Company Smooth Ceilings System (HPF) Southbridge Plastics	166
McKesson & Robbins, Inc.	27	Smooth Cellings System (****)	159
Macalaster Bicknell Company (HPF)	16	Southbridge Flastics	237
Mallinckrodt Chemical Works	97	Southern Equipment Company	248
Marsh Wall Products, Inc. (HPF)	158	Sperzel Company	202
Marvin-Neitzel Corp. (HPF)	168	Swartzbaugh Mfg. Co. (HPF)	202
Marvin-Neitzer Corp. (1977)	240	T	
Massillon Rubber Company Master Metal Products, Inc. (HPF)	243	Tennessee Coal, Iron & Railroad Company	21
Master Metal Froducts, Inc. (***)	218	Toastmaster Products Div. of McGraw	
C- lac (HPE)			
Melrose Hospital Uniform Co., Inc., (HPF)			137
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company	15	Electric Co. (HPF)	137
Melrose Hospital Uniform Co., Inc., (HPF) Mengel Company Mercer Glass Works	15 245	Electric Co. (HPF) Torrington Company	231
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc.	15 245 107	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF)	
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div.	15 245 107	Electric Co. (HPF) Torrington Company	231
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF)	15 245 107 1	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U	231
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc.	15 245 107 1 17 239	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF)	231
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF)	15 245 107 1 17 239 162	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co.	231 33
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc.	15 245 107 1 17 239	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co.	231 33 -149 247 161 173
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc., Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company	15 245 107 1 17 239 162	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF)	231 33 -149 247 161
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company	15 245 107 1 17 239 162 121	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation	231 33 -149 247 161 173
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF)	15 245 107 17 239 162 121	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Uniohn Company	231 33 -149 247 161 173 21 216
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Gypsum Company	15 245 107 17 239 162 121	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc.	231 33 -149 247 161 173 21
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition	15 245 107 1 17 239 162 121	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc.	231 33 149 247 161 173 21 216 223
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Hotels Exposition National Tube Company	15 245 107 1 17 239 162 121	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc.	231 33 -149 247 161 173 21 216 223
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Hotels Exposition National Tube Company National Turkey Federation	15 245 107 1 17 239 162 121 183 187 202 21 169	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc.	231 33 -149 247 161 173 21 216 223
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Turkey Federation Nestle Company, Inc.	15 245 107 1 17 239 162 121 183 187 202 21 169 250	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. V Van Range Company, John (HPF) Vestal, Inc. (HPF)	231 33 -149 247 161 173 21 216 223
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Tube Company National Fireproducts, Inc.	15 245 107 17 239 162 121 183 187 202 21 169 250 247	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. Van Range Company, John (HPF) Vestal, Inc. (HPF) Vollrath Company (HPF)	231 33 -149 247 161 173 21 216 223
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Turkey Federation Nestle Company, Inc. New Castle Products, Inc. Norbest Turkey, Growers Association	15 245 107 1 17 239 162 121 183 187 202 21 169 250 247 40	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. Van Range Company, John (HPF) Vestal, Inc. (HPF) Vollrath Company (HPF)	231 333 .149 247 .161 .173 .21 .216 .223
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Tube Company National Fireproducts, Inc.	15 245 107 17 239 162 121 183 187 202 21 169 250 247	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. Van Range Company, John (HPF) Vestal, Inc. (HPF) Volrath Company (HPF) W Wallace & Sons Mfg. Co., R.	231 333 -149 247 161 173 216 223 -116 164 212
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Turkey Federation Nestie Company, Inc., New Castle Products, Inc. Norbest Turkey Growers Association North Star Woolen Mill Company (HPF)	15 245 107 1 17 239 162 121 183 187 202 21 169 250 247 40	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. Van Range Company, John (HPF) Vestal, Inc. (HPF) Vollrath Company (HPF) Wallace & Sons Mfg. Co., R. Ward, Wells & Dreshman (HPF)	231 333 -149 247 161 173 21 216 223
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Turkey Federation Nestle Company, Inc. New Castle Products, Inc. Norbest Turkey Growers Association North Star Woolen Mill Company (HPF)	15 245 107 17 239 162 121 183 187 202 21 169 250 247 40 236	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. Van Range Company, John (HPF) Vestal, Inc. (HPF) Vollrath Company (HPF) W Wallace & Sons Mfg. Co., R, Ward, Wells & Dreshman (HPF) Warner Co., Inc., William R.	231 33 -149 247 161 173 21 216 223
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Turkey Company National Turkey Federation Nestle Company, Inc. New Castle Products, Inc. Norbest Turkey Growers Association North Star Woolen Mill Company (HPF) Oakite Products, Inc. (HPF)	15 245 107 1 17 239 162 121 183 187 202 21 169 250 247 40 236	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. V Van Range Company, John (HPF) Vestal, Inc. (HPF) Vollrath Company (HPF) W Wallace & Sons Mfg. Co., R. Ward, Wells & Dreshman (HPF) Warner Co., Inc., William R. West Disinfecting Company (HPF)	231 333 -149 247 161 173 21 216 223
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Tube Company National Tube Company National Tube Company National Turkey Federation Nestle Company, Inc. New Castle Products, Inc. Norbest Turkey Growers Association North Star Woolen Mill Company (HPF) Oakite Products, Inc. (HPF) Ohio Chemical & Mfg. Co. (HPF)	15 245 107 1 17 239 162 121 183 187 202 21 169 250 247 40 236	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. V Van Range Company, John (HPF) Vestal, Inc. (HPF) Vollrath Company (HPF) Wallace & Sons Mfg. Co., R. Ward, Wells & Dreshman (HPF) Warner Co., Inc., William R. West Disinfecting Company (HPF) Westinghouse Electric Corp. (HPF)	231 333 -149 247 161 173 216 223 -116 164 212 -200 141 103 123 93, 180
Melrose Hospital Uniform Co., Inc. (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co. (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O. (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Turkey Federation Nestle Company, Inc. New Castle Products, Inc. Norbest Turkey Growers Association North Star Woolen Mill Company (HPF) Oakite Products, Inc. (HPF) Ohio Chemical & Mfg. Co. (HPF) Olsen Mfg. Co., Inc., Samuel (HPF)	15 245 107 1 17 239 162 121 183 187 202 21 169 250 247 40 236	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. V Van Range Company, John (HPF) Vestal, Inc. (HPF) Vollrath Company (HPF) W Wallace & Sons Mfg. Co., R. Ward, Wells & Dreshman (HPF) Warner Co., Inc., William R. West Disinfecting Company (HPF) Westinghouse Electric Corp. (HPF) Wilmot Castle Company (HPF)	231 333 -149 247 161 173 21 216 223
Melrose Hospital Uniform Co., Inc., (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc., Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co., (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O., (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Turkey Federation Nestle Company, Inc., New Castle Products, Inc., Norbest Turkey Growers Association North Star Woolen Mill Company (HPF) Ohio Chemical & Mfg, Co., (HPF) Ohio Chemical & Mfg, Co., Samuel (HPF) Onen & Sons, Inc., D. W.	15 245 107 1 17 239 162 121 183 187 202 21 169 250 247 40 236	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. V Van Range Company, John (HPF) Vestal, Inc. (HPF) Vollrath Company (HPF) Wallace & Sons Mfg. Co., R. Ward, Wells & Dreshman (HPF) Warner Co., Inc., William R. West Disinfecting Company (HPF) Westinghouse Electric Corp. (HPF)	231 333 149 247 161 173 21 216 223 116 164 212 200 141 103 123 93, 180 148 167
Melrose Hospital Uniform Co., Inc., (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co., (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O., (HPF) Mosaic Tile Company National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Turkey Federation Nestle Company, Inc., New Castle Products, Inc., Northest Turkey Growers Association North Star Woolen Mill Company (HPF) Okite Products, Inc., Samuel (HPF) Ohio Chemical & Mfg., Co., (HPF) Olsen Mfg., Co., Inc., Samuel (HPF) Onan & Sons, Inc., D. W., Orthopedic Frame Co., (HPF)	15 245 107 1 17 239 162 121 183 187 202 21 169 250 247 40 236	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. V Van Range Company, John (HPF) Vestal, Inc. (HPF) Vollrath Company (HPF) W Wallace & Sons Mfg. Co., R. Ward, Wells & Dreshman (HPF) Warner Co., Inc., William R. West Disinfecting Company (HPF) Westinghouse Electric Corp. (HPF) Wilmot Castle Company (HPF)	231 333 -149 247 161 173 216 223 -116 164 212 -200 141 103 123 93. 180 148 167 210
Melrose Hospital Uniform Co., Inc., (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc., Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co., (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O., (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Turkey Federation Nestle Company, Inc., New Castle Products, Inc., Norbest Turkey Growers Association North Star Woolen Mill Company (HPF) Ohio Chemical & Mfg, Co., (HPF) Ohio Chemical & Mfg, Co., Samuel (HPF) Onen & Sons, Inc., D. W.	15 245 107 1 17 239 162 121 183 187 202 21 169 250 247 40 236	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. Van Range Company, John (HPF) Vestal, Inc. (HPF) Vollrath Company (HPF) W Wallace & Sons Mfg. Co., R, Ward, Wells & Dreshman (HPF) Warner Co., Inc., William R, West Disinfecting Company (HPF) Wilmot Castle Company (HPF) Wilmot Castle Company (HPF) Wilson Rubber Company	231 333 -149 247 161 173 216 223 -116 164 212 -200 141 103 123 93, 180 148 167 210 238
Melrose Hospital Uniform Co., Inc., (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc., Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co., (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O., (HPF) Mosaic Tile Company N National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Turkey Federation Nestile Company, Inc., New Castle Products, Inc., Norbest Turkey Growers Association North Star Woolen Mill Company (HPF) Oakite Products, Inc., (HPF) Ohio Chemical & Mfg., Co., (HPF) Olsen Mfg., Co., Inc., Samuel (HPF) Onen & Sons, Inc., D. W., Orthopedic Frame Co., (HPF)	15 245 107 1 17 239 162 121 183 187 202 21 169 250 247 40 236	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. V Van Range Company, John (HPF) Vestal, Inc. (HPF) Vollrath Company (HPF) W Wallace & Sons Mfg. Co., R, Ward, Wells & Dreshman (HPF) Warner Co., Inc., William R, West Disinfecting Company (HPF) Wilmot Castle Company (HPF) Wilmot Castle Company (HPF) Wilson Rubber Company Winthrop-Steams, Inc. With Cornice Company Woodlets, Incorporated	231 333 -149 247 161 173 21 216 223 -116 164 212 -200 141 103 123 93. 180 148 167 210 238 233
Melrose Hospital Uniform Co., Inc., (HPF) Mengel Company Mercer Glass Works Merck & Company, Inc. Miller Rubber Sundries Div. Minneapolis-Honeywell Regulator Co., (HPF) Modern Hospital Publishing Co., Inc., Moore, Inc., P. O., (HPF) Mosaic Tile Company National Fireproofing Corporation (HPF) National Gypsum Company National Hotels Exposition National Turkey Federation Nestle Company, Inc., New Castle Products, Inc., Northest Turkey Growers Association North Star Woolen Mill Company (HPF) Okite Products, Inc., Samuel (HPF) Ohio Chemical & Mfg., Co., (HPF) Olsen Mfg., Co., Inc., Samuel (HPF) Onan & Sons, Inc., D. W., Orthopedic Frame Co., (HPF)	15 245 107 1 17 239 162 121 183 187 202 21 169 250 247 40 236 10 101 239 166 146	Electric Co. (HPF) Torrington Company Troy Laundry Machinery Division (HPF) U Union Carbide & Carbon Corporation Unipress Company, Inc. U. S. Gutta Percha Paint Co. U. S. Hoffman Machinery Corporation (HPF) United States Steel Corporation Upjohn Company Utica & Mohawk Cotton Mills, Inc. V Van Range Company, John (HPF) Vestal, Inc. (HPF) Vollrath Company (HPF) W Wallace & Sons Mfg. Co., R. Ward, Wells & Dreshman (HPF) Warner Co., Inc., William R. West Disinfecting Company (HPF) Wilmot Castle Company (HPF) Wilson Rubber Company Winthrop-Steams, Inc. With Cornice Company Winthrop-Steams, Inc.	231 333 -149 247 161 173 216 223 -116 164 212 -200 141 103 123 93, 180 148 167 210 238

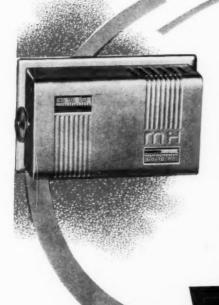
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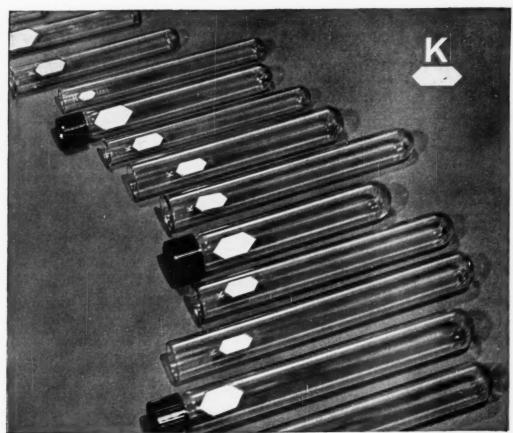
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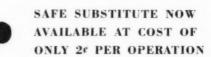
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"Talc is a Dangerous Agent in its present use as a Surgical Glove Lubricant"¹



Postoperative adhesions caused by glove powder have long been a serious concern of surgeons and operating toom assistants.

All published studies agree that talc as a glove lubricant is unsafe. Animal experiments have shown the dangerous complications that follow talc implantation.

EFFECTS IN TISSUE

Tale consists chiefly of magnesium silicate. It causes granulomatous reactions in tissue, resulting in intra-abdominal adhesions, persistent sinus formation, or nodules in the wound.

"Implantation of glove powder may occur from unwashed gloves, perforations in gloves, spill on to sponges, instruments, and suture material, and by the air-borne route."

SERIOUS COMPLICATIONS

"The frequency of such contamination is attested by the increasing number of case reports of serious complications due to tale. Animal experiments show that the granulomatous reaction can be regularly produced in the peritoneum, pleura, pericardium, muscle, joint, nerve and tendon." i

FOREIGN BODY REACTION

German^{2,3} found intra-abdominal granulomata which he proved came from foreign body reaction to talc in 40 out of 50 unselected patients subjected to a second laparotomy.

Seelig^{4,5} repeatedly demonstrated the danger of talc in mice, which are notably resistant to the production of adhesions, by injecting 2cc. of a 5% saline suspension of the powder intraperitoneally, and has stated that "the average surgeon cannot possibly perform this experiment and ever afterward face talcum powder with equanimity."

REPLACEMENT

As a replacement for talc, a wholly safe and efficient dusting powder is now available. This new powder, called Bio-Sorb, is a mixture of amylose and amylopectin, derived from cornstarch, with a small amount of magnesium oxide added. It is treated physically and chemically to assure good lubrication after sterilizing.

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Bio-Sorb is compatible with body tissues and is rapidly absorbed. It does

not injure rubber gloves. It fits regular O.R. technics. Costs less than 2 cents per operation. Bio-Sorb has been used over two years in several hundred hospitals. Complete literature mailed on request.

SAFETY CONFIRMED

The findings of Lee and Lehman⁶ that Bio-Sorb is safe have been confirmed by Lindenmuth⁷ and Mac-Quiddy. Postlethwait et all concluded that "talc is a dangerous agent in its present use as a surgical glove lubricant," and stated that "a modified starch powder (Bio-Sorb) which is absorbed with little or no reaction is again suggested as a satisfactory substitute for talc."

REFERENCES

- Postlethwait, R. W., Howard, H. Lee, and Shanher, Paul W.— Comparison of Tissue Reaction to Tale and Monified Starch Glove Powder, Surgery, 1949, 25:22-29.
- German, W. M.—Lupoid-Sarcoid Reaction Induced by Foreign Body (Silica) Am. J. Clin. Path. 1940, 10:245-250.
- German, W. M.—Dusting Powder Granulomas Following Surgery, Surg., Gyn. and Obst., 1943, 76:501-507.
- Seelig, M. G., Verda, D. J., and Kidd, F. H.— The Taleum Powder Problem in Surgery and Its Solution. J.A.M.A. 1943, 123:950.
- Seelig, M. G.—Talcum as an Operating Room Hazard, South. M. J., 1945, 38:470-472.
- Lee, C. M., Jr., and Lehman, E. P.—Experiments with Nonirritating Glove Powder. Surgery, Gynecology and Obstetrics, 84:689-695. April 15, 1947.
- Lindenmuth, W. M.—Personal communication. To be published.
- MacQuiddy, E. L., and Tollman, J. P.—Observations on an Absorbable Powder to Replace Tale, Surgery, 1948, 23:786-793.



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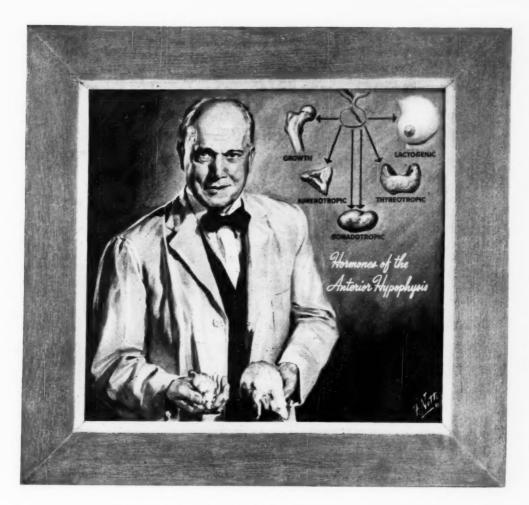
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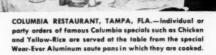


table. It takes plenty of handling without denting or gouging and helps keep hot foods hot.

For information about Wear-Ever kitchen utensils and steam-jacketed kettles see your supply house representative or write: The Aluminum Cooking Utensils Co., 709 Wear-Ever Bldg., New Kensington, Pa.

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Facing Tile gives you fire-safety, too, and a strong, permanent wall and finish in one material. You can get Facing Tile, both glazed and unglazed, in efficient modular sizes. Get all the facts before you plan new hospital interiors.

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Improved efficiency, safety, morale

- with COLOR in the HOSPITAL

Twenty-five years ago the operating room of a large New York hospital saw a revolution in hospital maintenance. Today, the effects of that development have spread beyond the doors of surgery, to laboratories and wards, to nurses quarters and private rooms, to offices, solariums, corridors and diet kitchens. They have even appeared in boiler rooms and shop areas. And they are being felt in hospitals throughout the nation.

In 1924, Dr. P. J. Flagg, New York surgeon, approached the Du Pont Company with a request for technical assistance. The combination of gleaming white walls and bright lights in the operating room was, he said, creating an intense glare that resulted in difficult seeing conditions and severe eye strain. At his request, Du Pont developed a paint color known as "Eye Rest Green", a shade that not only reduced glare to the minimum but had the added advantage of being the direct complement of human tissue. This latter characteristic had the effect of sharpening the surgeon's vision, making delicate surgery less difficult and tiring than it had been in the old, traditional white-walled room.

From this beginning, and after years of research into the basic characteristics of color, its psychological reactions on human emotions, its effect on brightness ratios when combined with various types of lighting, Du Pont developed a scientific painting plan that encompassed every area of the modern hospital. This painting plan is known as Du Pont Color Conditioning.

How does Du Pont Color Conditioning benefit a hospital? First, it makes for increased efficiency, safety and morale among all staff personnel, by helping them see better, feel better, work better. Second, it contributes to the psychological needs of patients by creating a cheerful, pleasant environment in rooms, wards, corridors and solariums. Finally, Color Conditioning affords a high standard of maintenance . . . and it's easy to install at no extra cost. In fact, over a period of time this plan actually costs less than ordinary maintenance painting.

In developing the Color Conditioning plan for hospitals, eye specialists, lighting engineers and leading color authorities limited the scope of their research to sound, scientific fact. Artistic whim, personal opinion and interior decoration principles had no part in the study. Thus, the fact that every color has an after-image of its complement, meant that a desired emphasis in a given area could

(Continued on next page)

be obtained by giving the surroundings a complementary color. From the fact that color has size, dimension and weight, it was shown that color could be used to make small areas appear larger, and vice versa. Controlled experimentation proved that any room can be made to seem warmer or cooler. depending upon the dominating color. And it was also established that to most people warm colors are stimulating, cool colors subduing. In the realm of color preferences, authoritative tests have determined that people naturally prefer color to black or gray; most people prefer blue, red, and green above all other colors, with violet, orange and vellow as the least liked. A nowfamous illustration along this line is the fully documentated case of one of our largest railroad systems, which suddenly came out with dining car interiors painted lavender. There was an immediate decline in the size of meals ordered and in the time that passengers remained at the tables. When a color expert was consulted and the dining cars repainted according to the known facts of universal color preferences, the situation reversed itself- and the

power of color gained life-long boosters.

These were a few of the many established color principles which were integrated, with modern-day application, into a complete painting plan. Painting for maintenance reasons, previously the only consideration, assumed its proper relation to the now-known values of color. As a consequence, paint and the accompanying impact of color on human emotions were made to perform extra beneficial duties in hospitals.

PRIVATE ROOM AND WARD COLORS

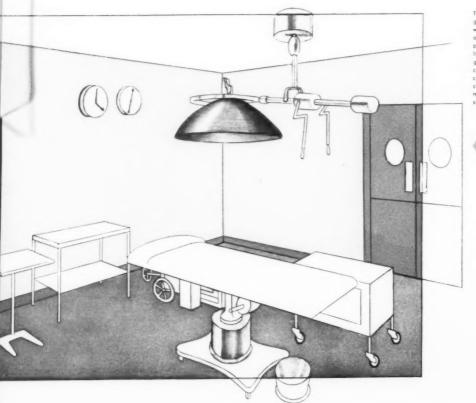
In general, it was found that patients' rooms should be painted in soft tones of peach, blue, beige, ivory, green and pearl gray. Where rapid convalescence is indicated . . . such as maternity cases . . moderately stimulating tones are suggested. On the other hand, tranquil colors are recommended in areas containing chronic patients. These moderately subdued colors produce a passive and restful effect. This is particularly desirable when patients must be reconciled to a long stay in the hospital.

Wherever possible the exposure of

each room should be taken into consideration. An ivory or peach tone may not be best for a room facing the south, nor would a light blue be the best choice for a room with northern exposure. To condition" them against excessive sunlight or heat, rooms with southern exposure should be painted in relatively cool tones. Conversely, rooms with a northern exposure need somewhat warmer tones to diffuse the cold blues of northern light and help build up a cheery, friendly atmosphere. East and west rooms can be painted in almost any of the various recommended Color Conditioning color schemes. All of these combinations are soft and subdued, pleasant to look at. They avoid monotony . . . and they are practical in concealing dust, stains, and abuse.

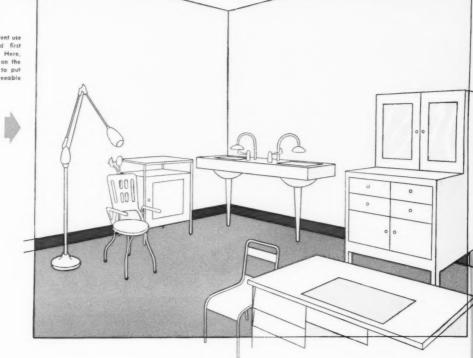
SURGICAL DEPARTMENT COLORS

The principles established as a result of Du Pont's research in the '20's in New York have remained through the years. Cool, bluish-greens are now the generally accepted colors for the operating rooms. Best proof of this fact is the growing tendency toward the use



The Cotor Conditioning green on these walls was specially developed for surgical departments of hospitals. Its soft tone reduces glare and the bluish cast, being the direct complement of the calor of human tissue, makes the surgeon's sight more acute.

Ivory is put to excellent use in dispensaries and first aid departments. Here, facilities should be on the bright side, acting to put the patient in an agreeable frame of mind.



of green gowns and sheets in surgery the ultimate application of the principle of aiding the surgeon's vision by reducing glare.

Patients' dressing rooms should be painted to inspire a feeling of confidence. A light tone of peach is soothing, warm and pleasant. When properly lighted, this color goes far toward creating a feeling of ease and well-being.

A sanitary quality is given to rooms servicing the operating rooms . . . such as linen, storage, sterilizing rooms . . . by using white. In these areas the high reflectance value of white also encourages the practice of good housekeeping.

RECOMMENDED COLORS FOR GENERAL AREAS

An opportunity for a change of pace from surgical divisions and patient accommodations is offered when painting the sections of the hospital devoted to visitors and personnel service. Here variety is put to work, in lobbies, solariums, reception rooms, waiting rooms, etc. Particularly pleasing effects are achieved when adjacent areas are differently colored and differently decorated. Warmly colored rooms leading into cooler spaces add an element of interest and give an overall aspect of cheerfulness.

In corridors and interior stairways normally deprived of natural daylight, tones of ivory, beige or peach lend brightness and cheer. Dining rooms, classrooms and offices may also be given variety in color treatment and, so designed, will make for an agreeable change from surgical divisions and patient areas.

SPECIAL HOSPITAL USES OF DU PONT COLOR CONDITIONING

Du Pont Color Conditioning has an essential place in hospital laboratories and workshops. In these departments the direct experience of the Du Pont painting plan in industrial installations is of great value. The application of

this experience assures the hospital that its laboratory and shop practices follow that of industry—where unprecedented success has been achieved through brightness engineering and the correct use of color.

The hospital cafeteria and diet kitchen can use color to advantage to make food more appealing, more psychologically appetizing. Through extensive association tests on colors and foods, tones of peach, warm yellow, tan and light, cool green have been found to be best for food service areas.

In the nurses' quarters, Du Pont's research into universal color preferences (Continued next page)

In order to obtain full details of Color Conditioning's application in *your* hospital, see other side of this coupon.

Fill in and mail to

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and color acceptance can be put to work to achieve a friendly, relaxing atmosphere. Usually, in areas such as these, decorative monotony is the rule. Color Conditioning produces an interesting effect that costs no more than a commonplace one. Exhaustive studies of color have revealed the advantages of end-wall treatment in living quarters. Three walls of a room are finished in one hue, with the fourth wall differently colored. This breaks up monotony . . . adds real interest to a room by giving it a different appearance from different directions. Here, the results of following Color Conditioning specifications will be an off-duty environment designed for cheerfulness and relaxation.

In private offices throughout the hospital, Color Conditioning can be made to accomplish a number of worthwhile ends. Here, when color is applied ac-



cording to Du Pont specifications, the eye-taxing brilliance of excessive daylight is reduced. An office that is too dark can be given a daylight effect. A small office can be made to look larger, a narrow one wider, a long one shorter. Ceiling heights can be made to appear lower or higher at will. And when the desired effect has been accomplished, it will be found that the soft, subdued tones of Color Conditioning colors are a definite aid to concentration. Brightness ratios will be reduced to the point where changes in pupillary action are limited to eye-soothing minimums.

Much of this is due to the slightly grayish cast—a characteristic of all Du Pont Color Conditioning finishes—which tends to avoid undue emotional distraction.

DU PONT'S SAFETY COLOR CODE HELPS PROMOTE EFFICIENCY AND PREVENT INJURY

Of prime importance to all hospital authorities is the Du Pont Safety Color



Code. It uses a series of colors and symbols to point out accident hazards, guide traffic, identify fire protection equipment, and otherwise protect against injury from tripping and falling, obstructions, and low headroom. Through the instinctive language of color, such devices and hazards stand out strongly in the eyes of hospital personnel ...help teach and maintain "safety consciousness" in hospitals.

EASY TO INSTALL . . . AT NO EXTRA COST

Where color is used with function and purpose it is possible to realize many economies. The number of standards necessary to do a thorough job can be held to a minimum, yet essential maintenance painting can be made to pay extra dividends. Du Pont Color Conditioning can improve the welfare of the hospital staff by providing better seeing and working conditions. It can

satisfy the psychological needs of the patient by improving his mental and emotional well-being.

Du Pont Color Conditioning Finishes and Safety Color Code Enamels cost no more than other fine quality paints. These finishes have been scientifically formulated to give longer wear and greater savings in maintenance painting. Thus it is highly practical for hospitals to make a gradual changeover to Du Pont Color Conditioning at no extracost while following out the usual maintenance program.

CONSIDER COLOR CONDITION-ING FOR YOUR HOSPITAL NOW!

These pages summarize the principles of Du Pont Color Conditioning for Hospitals as it has been developed after extensive research, technical study and practical experience. Du Pont maintenance specialist's are ready to give you



complete color specifications for your hospital's particular needs. They are equipped with scientific research data developed in collaboration with outstanding authorities in the fields of light, color and vision. All hospital authorities are urged to look further into Du Pont Color Conditioning. A Du Pont representative will be glad to call and discuss this matter with you and your local painting contractor. For further information mail the coupon today.

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Gentlemen

We are interested in learning more about Du Pont Color Conditioning for Hospitals. Please have your representative call.

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Battery of ZONE-AIR Tumblers for fluff drying towels and other unironed pieces.

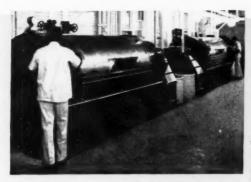


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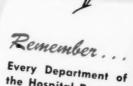
So easy a girl can do it. Loaded Containers are hoisted into and out of NOTRUX Extractor by push-button-operated electric hoist.



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When inserted into the duct, the sensitive probe upon contacting a stone can relay a characteristic signal to a loudspeaker. The amplifier can be tuned in before operation and set, or reset during operation if necessary, according to the surgeon's individual needs.

Although designed originally for gallstone location, its use has been suggested for the detection of other calculi. Still other uses now under investigation hold promise of further practical application. The Kirby-Thurston Cholelithophone satisfies a surgeon's requirements for a practical instrument to detect and locate duct stones, and an engineer's specifications for trouble-free electronic construction.

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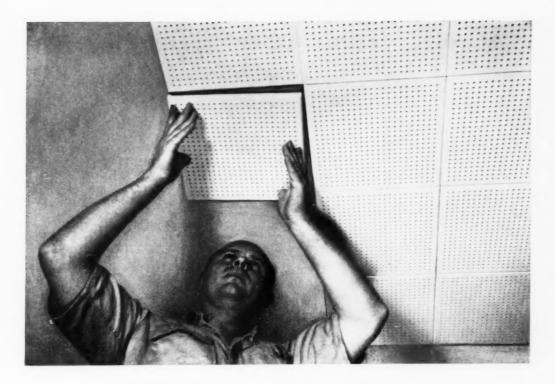
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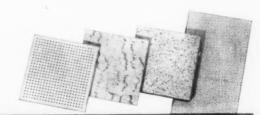
Quiet for hospitals starts at the ceiling

THIS mechanic is installing a noise-quieting ceiling of Armstrong's Cushiontone. When he finishes, patients will have the restful quiet they need. The hospital staff will work more efficiently, with less fatigue.

Many hospital areas, such as corridors, cafeterias, recreation rooms, and nurseries are naturally noisy. Cushiontone ceilings keep noise in such areas from reverberating and swelling in loudness. In each square foot of Cushiontone there are 484 deep perforations which act as sound traps. As much as 75% of all noise that strikes Cushiontone's perforated surface is absorbed.

Cushiontone is a low-cost fiberboard acoustical tile with an attractive white finish on face and beveled edges. It reflects light well and is easy to keep clean. Even repainting won't affect its high acoustical efficiency.

There are other Armstrong acoustical materials which meet special sound-conditioning requirements in the hospital. Armstrong's Corkoustic is ideal for high humidity areas such as hydrotherapy rooms and the cafeteria kitchen. In private offices or the lobby, where beauty is desirable, white fissured Travertone is recommended. For full details, contact your Armstrong acoustical contractor or write Armstrong Cork Company, 5709 Stevens Street, Lancaster, Pa.



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For Safety, for Modern Service -see these NEW

The STATICATOR

Protects you against anesthetic explosions

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UNDERWRITERS LABORATORIES, INC.
REVIEWED IN MARCH, 1949,
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The newly-developed STATICATOR is an instrument for positively detecting the presence of static electricity in the operating room. The anesthetist can remove the object causing static disturbance, or warn the person causing the charge to either remain away from the operating room area or touch a ground.

The STATICATOR is placed atop or adjacent to the gas machine, constantly under the eyes of the anesthetist. When a static electrical charge approaches the area of anesthetic gas, a needle on the meter is deflected and an audible tone is heard. The anesthetist immediately notices this "buzzing" sound, yet it does not distract the surgeon.

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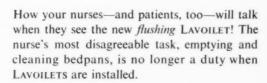
An antenna wire from the STATICATOR is attached to the patient's mask. A ground wire is connected to the operating table and another to the gas machine. When any moving object produces a static charge, it is detected by the antenna wire and amplified many times to produce the warning signal. No complicated wiring; simply plug into any 110 volt, 50 or 60 cycle, AC outlet.

Items at the AHA meeting

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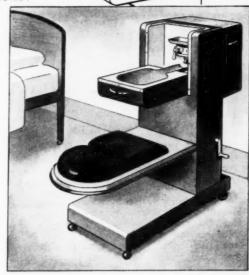
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MEMO-at A.H.A. meeting be sure to see... STATICATOR LAVOILET

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GENERAL OFFICES • EVANSTON, ILLINOIS

Small Hospital Questions

Setting Up Discharge Records Purchasing Records

Question: What ere the rules for assignment to services for the "Discharge Record and Service Analysis"? Are the rules as stated by Service August 2015 August 201

ANSWER: Classification under paragraph 2 is very satisfactory for small hospitals. "Surgical," "Medical," "Obstet-ric" and "Eye, Ear, Nose and Throat" comprise the main divisions for a satisfactory discharge record analysis.

Perpetual Inventories

Question: Do perpetual inventories work to advantage in the smaller hospitals?-D.H.,

ANSWER: Whether or not perpetual inventories are practical and workable in hospitals under 50 beds has always been the subject of much debate. A few years ago, during a purchasing forum at the New England Hospital Assembly in Boston, the nurse administrator of a 35 bed hospital discussed her use of a perperual inventory system and pointed out that its use actually saved clerical time and made her purchasing job much easier. She stated that this perpetual inventory always gave her an immediate picture of just what was in stock and, in addition, gave her readily available consumption figures so that she could judge how much to order at one time when issuing purchasing orders.

Most purchasing authorities and many administrators in both large and small hospitals are convinced that an intelligent job of stock keeping, purchasing and controlling the use of materials and supplies just cannot be done without a well kept perpetual inventory system.

Where Shall We Buy?

Question: How do you deal with local businessmen who think the hospital should buy all supplies locally?—J.B., N.Y.

ANSWER: It is a good public relations policy to place all orders for small amounts with local retail stores. On quantity buying, an invitation to bid should be sent to any local source requesting a share of the hospital business. Upon opening bids, it is good policy to acquaint a local bidder with the results, and express thanks for submitting prices .- WILLIAM B. SWEENEY.

Question: What type of purchasing records re practical for small hospitals?—M.T., Mich.

ANSWER: Practical records for small hospitals that do not have a purchasing agent or storeroom and do not wish to use a purchase requisition, would be a purchase order in triplicate. The department originating the order retains the triplicate copy and forwards two copies to the administrator for his approval. One of these (the original) is then sent to the vendor and the other to the accounting department.

The form would indicate: Order number, date, name and address of vendor, quantity, description of item, price and discount, delivery date, date received, department account to be charged, signature of authorization. -A. A. AITA.

Marking Linens

Question: What is the most effective method of marking hospital linens? Should the linen be dated when it is purchased or when it is put into circulation?—F.H., Me.

ANSWER: To be most effective, the marking of linen should be done in large lettering regardless of whether it is stamped on at the factory or by the hospital. Sometimes it is woven on at the factory, but there is no particular advantage in this method, and it is sometimes conducive to "souvenir" snatching.

There are two types of ink-one to be used with a hot iron, which is not practical for hospital use as it is too time-consuming.

Conducted by Jewell W. Thrasher, R.N., Frazier-Ellis Hospital, Dothan, Ala.; William B. Sweeney, Windham Community Memorial Hospital. Willimantic, Conn.; A. A. Aita. San Antonio Community Hospital, Upland, Calif.; Pearl Fisher, Thayer Hospital, Waterville, Maine, and others.

If the marker is a stamp to be used by hand, it requires the same attention in keeping it cleaned that the more elaborate markers require. Both ink and cleaning fluid may be purchased by the

If the date is placed on the linen at the factory that will, of course, be the purchase date rather than the issue date; therefore, if one wishes to keep a record of the length of time the linen is in service, it is necessary that it be dated when it is put into circulation.-JEWELL W. THRASHER.

What Belongs in Central Supply?

Question: In a 110 bed hospital we have central supply room open 15 hours a day, staffed by two full-time nurses, one full-time aide and one part-time aide. A complete pharmacy is maintained in this hospital, open 12 hours a day, and staffed with a full-time pharmacist. Which items really should be in central supply? Which items do get a charge? Which are drugstore items and which belong to central supply? Central supply charges have raised considerable unpleasant comment among the medical staff as well as patients. Should this department pay for itself?— R.R., Iowa.

ANSWER: To answer this question completely would require quite a volume. We refer the questioner to the U.S. Public Health Service check lists as published in the current 26th (1948-49) edition of the Hospital Purchasing File. These check lists give complete information on equipment and supplies belonging in the central sterile supply room and the pharmacy, together with similar information on every department in the hosptal.

With reference to charges, it is becoming increasingly apparent to students of hospital problems that the many so called "nuisance charges" for small supply and drug items operate against public good will. With the exception of a few expensive biological and drug items and possibly parenteral solutions. it would seem best to include all of these in the regular room rate charge. It is a simple matter to find out what the average charge per patient per day is for such items and then advance the room rate for this much to all patients. I believe that the same thing should be done for most of the dressings and other items dispensed from the central sterile supply room.-E. W. JONES.

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See our complete Surgical Glove Catalog in Hospital Purchasing File



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Made of finest quality latex, elbow length, sheer but tough. Either hand style so any two make a pair — saves pairing and odd gloves.

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It is rooted, rather, in Cadillac's past and in the sure knowledge that Cadillac cars have always been produced to the most inflexible standards of quality.

Look, for instance, at Cadillac's record for durability—a fundamental factor in commercial car service. Recently, four Cadillac passenger cars in the testing fleet of a tire manufacturer completed 2.599,413 miles—an average of 650.000 miles per car. None of them was retired for disability and the records show economy of operation equal to or better than any other car in the fleet.

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Design and Build Special Bodies
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Looking Forward

Or Two Martini Ceiling

HAVE great idea for Cleveland," said a note from our friend Anastasia, who looked after things while we were stalking trout in the northern wilderness. "Will increase revenue, add to value of convention for everybody," the note went on. "Monitors doors meeting rooms. Charge pew-rent all late comers, collect fines everybody walking out on speakers. Heavy tax each use phrases 'local level,' 'national level,' 'cold war,' 'iron curtain.' Confiscate all funds speakers telling Negro anecdotes; double liability if in dialect."

We thought the suggestion had a lot of merit and were about to pass it along to the A.H.A. when we had another card from Anastasia. "On second thought believe single, simple rule would accomplish more than all others to make convention success," this said. "Nine o'clock curfew."

Unhappy Contrast

THERE are good reasons why physicians and those who are associated with physicians in their work of healing should enjoy superior rewards and respect in our society. In the first place, they have acquired knowledge and skills beyond the capacity of most others to understand or imitate; in a technical society we naturally admire such specialized skills.

A more important reason is that doctors and their aids accept heavy responsibilities for human life and welfare, willingly carrying burdens of anxiety that the rest of us are glad to unload and making decisions that we would shrink from. Any parent who has entrusted the care of a desperately sick child to doctors recognizes this debt in the feeling of mingled awe and affection which those doctors forever after arouse.

The fact is, however, that many other groups have special knowledge and skills and accept heavy responsibilities. Without a third virtue, it is unlikely that physicians would enjoy a prestige higher than that of engineers, say, or teachers. Unquestionably, we honor physicians most of all because of their higher moral standards: Not invariably of course but certainly more than most of us do, the physician places others ahead of self. This is the essence of his superiority and the explanation of his position in society—earned by generations of self-sacrificing performance.

Probably this is why we are so shocked today when certain doctors organize little economic pressure groups which often appear to ignore the interests of patients and community and place the doctors first. To be sure, these groups may only be doing what is the accepted practice in a me-first society, but their conduct is nevertheless in unhappy contrast to the great moral tradition of their profession.

The Whole Case

IN AN address presented to the National Medical Association last month, A.M.A. President-Elect Elmer Henderson endorsed the position on compulsory health insurance that was taken recently by Dr. Peter Murray of New York, the first Negro physician to be elected to the A.M.A. house of delegates. Dr. Murray opposed compulsory health insurance because (1) its unpredictable cost would have to be met by raids on the public treasury, (2) emphasis on quantity rather than quality of service would put a premium on mediocrity and result in poorer quality of care, (3) the plan would tend to drive the best brains away from study of medicine and halt its progressive improvement, and (4) present health personnel would be utterly inadequate to deliver the promised services.

The case against the national health proposals has rarely been stated more concisely. "Compulsory health insurance must be evaluated solely on the basis of its ability to deliver what it promises," Dr. Henderson declared, commenting on Dr. Murray's views. "As physicians, you and I know it cannot deliver. It is our job to tell our patients that, lest they be led into the land of freedom lost and nothing gained."

This is what we have been driving at right along: There is the case, and there is the campaign. Somebody ought to tell the A.M.A. public relations counsel.



THE TEMPERATURE of the HOSPITAL FIELD

A Modern Hospital survey of administrative opinion on major problems in the field today

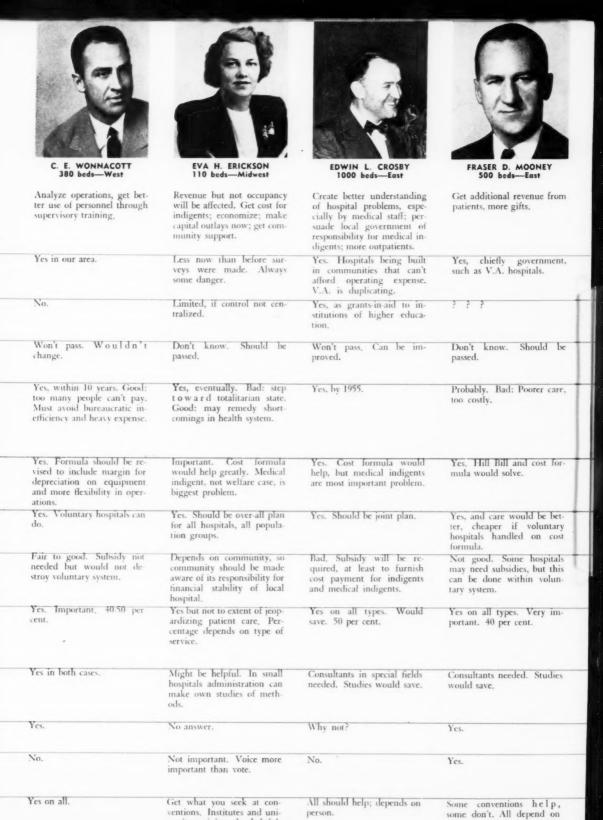
"Hospital administrators are in a state of panic, and because of it there is danger of selling our independent, voluntary birthright." That is how one leading authority sums up the situation today. Not all administrators agree with that assessment of where we stand, but most agree that the major problem facing voluntary hospitals is whether they can survive financially without government aid or accept aid without losing control.

To take the temperature of the hospital field on this and other issues hospitals are facing today. The MODERN HOSPITAL asked a group of hospital leaders to state their opinions for publication in this preconvention issue of the magazine. In encapsulated form, their answers are presented in the following pages. To compress opinions on these complicated economic and professional questions into the available space, it has of course been necessary to omit many thoughtful observations, including Ada Belle McCleery's reminder that "the government has in its pockets only what we put there" and Basil MacLean's impression of "the administrative awkwardness of a system under which a town meeting must be held to decide the wage of a janitor."

Stripped to their essence, however, the answers show an astonishing degree of unanimity: Hospitals must tighten up to meet the coming slump; we may be overbuilding; the Hill Bill is good but not likely to pass; we will get compulsory health insurance in a few years; the financial outlook is dim, with losses on indigents as the root cause (except for the administrator who sees the problem as "mainly one of competition between the physician and hospital for the patient's dollar"); government subsidies will be needed, with voluntary control in the balance as a result.

The following summary of administrative judgments on these and other problems is not presented as a cross section of hospital opinion but simply as a report on how this particular group of keen-minded hospital people is thinking; we hope their answers may stimulate others to think deeply about these same problems. As one administrator reported in submitting his own answers: "I tried the questions on one of our eminent surgeons, on my administrative assistant and a new administrative resident. There was considerable divergence of opinion and a lot of worm's-eye prognosticating. It was a lot of fun, and it enabled me to impress on them the fact that decisions have to be made in this world of ours, even though we don't know all the answers."

THE EDITORS



ventions. Institutes and uni-

versity training also helpful.

person.

person to large extent,



F. WHITAKER 250 beds-South



ROBERT G. BOYD 125 beds-East



OTIS WHITECOTTON 1500 beds-West



GEORGE H. BUCK 450 beds-East



MILDRED RIES 400 beds-Midwe

1.	meet	dep	ression	the	prepare at would ad revenu	af-	
2.			danger oitals?	of	building	too	

Sell Blue Cross; increase efficiency; more income for aid to needy; stop V.A. building.

Intensity economies; get adequate payment for indigents; support Blue Cross.

Yes. Should expand and re-

model existing plants instead

Have plan for closing patient areas; streamline all procedures.

Definitely; civic pride too

often outstripping actual

care.

Establish contracts which will return cost for indigent Improve managemen ciency; get cost for it care; assist Blue Cro Blue Shield.

2.	Are	we	in	danger	of	building	too	
	man	y h	ost	oitals?				

Should we have federal aid for

education of doctors, nurses and

building as planned. Yes for first two; hospital ad-

Yes, especially with V.A.

No. Let's concentrate on proving it isn't needed.

Yes for nursing, maybe for doctors, no for administrators. Danger of interference.

need.

Don't know what proper ratio of acute to chronic beds should be.

Too many of wrong kind.

Yes for all.

facilities should be s would decrease nee heds. Aid for doctors and

Yes. Need for out

hospital administrators? Will Hill Bill pass next Congress? How should it be changed?

ministration not ready for it vet.

No. Too complicated.

Yes. O. K. as is.

in more cases.

Won't pass. Only experience would show what changes might be needed.

Won't pass, but wouldn't change it materially.

limited to areas of a need. No aid for I administrators. Hope so. Would mal

necessary compromise

Will we get compulsory health insurance in U.S.? When? Is it good or bad? Why?

Yes, in 10-15 years. Bad, because of "something for nothing" illusion.

Yes, within 3 years, Bad wasteful, expensive, bad medicine, tools public.

Yes, in 5-10 years. Bad: look at veterans and Indians!

Yes, within five years if hospitals and A.M.A. don't get together and do better job with voluntary plans. NoHope not, Voluntary demonstrably best.

Are losses on indigents important financial burden? How can situation be solved?

Yes. Educate public that charity must be carried by well, not sick, people.

Yes. They can when building

Yes, Reimbursable cost for mula not adequate solution; Hill Bill would help.

In some areas, Reimbursable cost formula should solve to large extent.

if they do. Important. Cost formula would solve.

Important. Cost fo Hill Bill would solve

Should V.A. hospital construction be curtailed? Can voluntary hospitals care for vets' nonservice connected ailments?

Fair. No subsidies needed. but might be done in volun-

program is complete.

Yes; voluntary hospitals will do it better at lower cost.

Yes. Voluntary hospitals could handle

Yes. Voluntary hospitals. could handle.

What is financial outlook for voluntary hospitals? Will subsidies be needed? Could this be done within voluntary structure?

tary structure.

Fair. Need subsidies only for indigent care. Can be done in voluntary system.

hered to.

authority.

Outlook dark. May have to have subsidy but should be last resort. Hard to do in voluntary system.

Fair to poor, Don't need direct subsidy; do need cost payments for indigents.

Outlook good it he

Yes. Voluntary he

would do

Should we have practical nurses in hospitals? Aides? Nursing

Yes on all types. Very important, 60 per cent.

Yes, on all types. Very mi-

Yes on all types. Savings would depend on proper

can get cost for indiger and support for Blue and Blue Shield.

clerks? Other auxiliaries? Is it important in hospital economy? What per cent of nursing service can these people render?

portant. 30 per cent.

training. Could do 50-60 per

Yes. Studies would help it

recommendations are ad-

Yes on all types. Very important, 75-80 per cent,

Yes on all types. Offe portant economy to professional time is without loss to patier student nurses.

10 Are management consultants needed in the hospital field? Would job and procedural studies bring important economies?

Yes, but hard to discharge.

Yes in both cases.

Yes, but must recognize doc tor's primary responsibility and depend on judgment of stati.

Yes in both cases.

No.

Yes, if trustees exercise right to appoint staff and delegate authority to administrator.

No: should not be member

of body which give him his

Yes in both cases.

Yes in both cases.

Should hospital executive have title of president and be voting member of board?

Are administrators and trustees

responsible for quality of medical

and surgical care in hospital?

Yes; with added privilege goes added responsibility.

Yes. Intensive study needed

Yes in all cases. Institutes should use more of workshop principle.

Don't favor, but see no serious objections.

needed to keep up

Yes.

studied. Yes. Continuous stu-

changing times and i

Otlers promise of impr

administration; shoul-

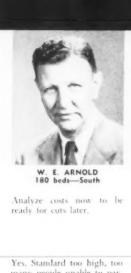
Do hospital conventions result in better administration? Insti-tutes? University training? How should these be changed?

Yes on all, especially institutes, Emphasize business manage ment phases.

to suggest changes.

Yes. A.H.A. convention should be held every other year, regional meetings in alternate years.

RIESE	WILLIAM J. DONNELLY 125 beds—East	FLORENCE KING 300 beds—Midwest	JANE BOYD 165 beds—East	DAVID LITTAUER 160 beds—Midwest	NORMAN L. LOSH 250 beds—South	BASIL C. MACLEAN 800 beds—East
gement effi- for indigent e Cross and	Personnel studies as in in- dustry; adequate payments for indigent care.	Will affect revenues but not occupancies. Encourage vol- untary hospital and medical plans.	Better business methods, especially credit and purchas- ing; educate public; encour- age voluntary prepayment plans.	Will affect revenues, not oc cupancies. Hospitals must improve methods, reduce in- ventories and waste; get cost for indigents.	Cut expenses, get cost payments for indigents now.	Reef sails, same as industry.
outpatient be studied, need for	Yes, but state, regional and local hospital groups should be able to control.	Yes, unless wildcat planning gives way to wise consideration of needs.	Possibly, but people prefer hospitalization in own com- munity when proper facil- ities are available.	In some, especially urban, areas. Need more psychiatric and chronic beds.	Yes. Many built in commu- nities where support doubt- ful and help hard to get.	Yes. Need to revise estimated needs in view of shorter stays.
and nurses of greatest for hospital	No. Prefer state aid to in- dividual students.	Yes, channeled through edu- cators. Danger of stifling ini- tiative and nurturing de- pendence.	Limited aid for doctors and nurses only.	Don't favor it.	No.	Yes for medical and nursing, no for hospital administra- tion.
d make only omises.	Won't pass; wouldn't change.	Don't know. Is sanest plan so far.	No answer.	Won't pass. Should provide longer periods of coverage for indigents.	Won't pass. Should ensure payment to hospitals on cost basis.	Won't pass. Administratively unworkable in present form. Government won't stand for fiscal 3d party. Prefer sub- sidy to Blue Cross.
ntary system st.	Yes, in 3 or 4 years. Bad, as abuses developing in other countries will be repeated here.	Some federal aid, but not this. Americans want free choice and will dodge tax increase.	Not for long time. Compulsory feature would be resented.	Yes, following next depres- sion. Bad; don't like impli- cations of welfare state.	Yes, within 5 years. Compulsion un-American and will fill hospitals with chronics and neurotics.	Yes. Will come gradually.
st formula. solve.	Emphatically yes. Uniform accounting and cost analyses so hospitals could charge cost for all types service.	Yes. Cost formula would help but government aid for voluntary prepayment plans would help more.	Definitely. Individual com- munities should accept more responsibility and make up part of cost not paid by gov- ernment agencies.	Important in teaching hos- pitals. Cost formula offers solution if no low ceilings are imposed.	Yes. Reimbursable cost for- mula would solve.	Yes, Cost formula would solve, with ceilings to con- trol runaway costs.
r y hospitals	Yes. Should consider needs of all citizens in unified pro- gram.	Yes, Voluntary hospitals could handle acute but not long-term cases.	Yes. Voluntary hospitals could do but would be administrative headache!	Must be curtailed. Not enough beds now but volun- tary hospitals could handle.	Yes. Voluntary hospitals could do the job in our area.	Yes. Voluntary hospitals can handle.
it hospitals indigent care Blue Cross	Fair to good. No subsidies needed; would mean end of voluntary system as we know it.	Future saturated with red ink; tear subsidies will be needed; can keep clean it hospitals get cost payments from all patients.	Fair. Subsidies not needed. Voluntary hospitals can weather storm with good administration.	Good, provided we have efficient operation, cost pay ments for indigents and no business depression.	Outlook discouraging. Sub- sidies needed. Can preserve voluntary system.	Poor. Will require subsidies. Can keep voluntary system.
Offers im- to extent e is saved patients or	Yes all around. Extremely important at today's salary level for nurses. 50.65 per cent.	Auxiliary help here to stay, will save precious professional womanpower as well as dollars.	Within limits. Offer some economy, 50 per cent. Do not approve P.N.'s in hospitals with nursing schools.	Yes; important in hospital economy because of staff shortage but training, turnover, etc., eat up dollar savings. Auxiliaries can do 60 per cent of nursing.	Aides only, Offer important economies. Can do 40 per cent of nursing service.	Yes. Important. 70 per cent,
s.	Yes, Look at experience in industry.	If industry has found them helpful, why shouldn't hos- pitals?	No. What is administrator for? But studies would result in savings of time and money.	Definite need for management consultants. Studies can save in hospitals employing 200 or more people.	Yes in both cases.	No answer.
	Legally and morally responsi- ble!	Yes, for selection of staff and formulation and enforcement of rules governing practice.	Yes, and administrator should keep board well intormed.	Theoretically yes. Actually powerless unless staff disci- plines self.	Ýes.	Yes. *
improving should be	Yes; should be comparable to president of university or college.	Yes if needed to buoy up ego of administrator (nee super-intendent).	No, but should be present at all board and committee and staff meetings.	Yes; implies more responsi- bility and authority. Smaller hospitals probably couldn't afford to pay qualified per- son, however.	Yes.	Yes, in properly organized hospitals.
studies up with and needs.	Yes. More emphasis on re- gional meetings, with coor- dination between regions.	Yes, when correlated with experience. Need more ex- perts from other fields to ward off curse of ingrown philosophy.	Conventions and institutes help but there is too much emphasis on university trained administrators. Field being flooded. No substitute for experience.	Conventions good for contacts but are not educational. Institutes and university training O.K.	Conventions doubtful, others yes. Should have national conventions alternate years. Summer courses.	Preceptorial method still most important.
					and the second s	and the state of t



Should hospital executive have

title of president and be voting member of board?

Do hospital conventions result in

better administration? Insti-tutes? University training? How

should these be changed?

No.

ticipants.

Yes. Should be broader field

of convention program par-









No. Favor "executive vice

Yes. Coordination of re-

gional and state conventions

and rotation of institutes are

progressive steps.

president.

No, but administrator should

Value of convention depends

on person attending. Insti-

tutes and courses help. Con-

ventions should be bi-annual. Students selected more carefully, courses improved.

attend meetings.

Not important.

Conventions doubtful. Insti-

tutes and university training

O.K. Would not change.

1	How can hospitals prepare to meet depression that would affect occupancies and revenues?	depression that would af- ready for cuts later, getting governme		Analyze and reorganize services.	Decrease inventory, build cash reserve, tighten person- nel, eliminate waste, reno- vate equipment and furnish- ings as indicated.	tighten person- ce waste, rens- ent and furnish-	
2	Are we in danger of building too many hospitals?			Hill-Burton Act has reduced danger to minimum.	Yes.	Yes. Early ambulation and other new technics will re- duce need.	
3	Should we have federal aid for education of doctors, nurses and hospital administrators?	Yes for medicine and nursing; administration not ready for aid yet.	Yes, with adequate sate- guards.	No, but state universities should include nursing in cooperation with local hos- pitals,	Doubtful. Fear too much federal aid.	No.	
4	Will Hill Bill pass next Congress? How should it be changed?	Il Hill Bill pass next Congress? Won't pass. Doubtful about Don't know. O. K. as is. w should it be changed? Won't pass. Doubtful about value of bill. Would prefer federal st. combination for aid to digents, as in other welfa		Would prefer federal state combination for aid to in- digents, as in other welfare services.	Probably won't pass. Prob- lem of federal control always present.	Yes. Should remain as is.	
5	Will we get compulsory health insurance in U.S.? When? Is it good or bad? Why?	we get compulsory health ance in U.S.? When? Is it will lower quality of service will lower quality of service voluntary plan with aid for		Yes, within 10 years. Is both good and bad: will emphasize health and bring care to some not getting it now, but may lower standards and prove burdensome.	Perhaps, if there is depression.		
6	Are losses an indigents impor- tant financial burden? How can situation be solved?	ial burden? How can solve partly but communities help. Local groups must pay		Yes, Cost formula would do.	Yes. Cost formula for local aid. Get annual gifts for aid to needy. Emphasize preventive medicine.	Yes. Cost formula would help. Community should subsidize standby service, such as emergency room.	
7	Should V.A. hospital construction be curtailed? Can voluntary hos- pitals care for vets' nonservice connected ailments?	spital construction an voluntary hospitals can handle when present construction plans fulfilled. Partly, Voluntary hospitals can't do whole job. Yes. Voluntary hospitals can't do whole job. handle in our area.		Yes. Voluntary hospitals can handle in our area.	Yes. Voluntary hospitals can do job.	Yes. Voluntary hospitals can do.	
8	What is financial outlook for vol- untary hospitals? Will subsidies be needed? Could this be done within voluntary structure?	bsidies not necessary; would not de probably needed. Can pre problem solved. Could have stroy voluntary system. serve voluntary structure. subsidies within voluntary		Will follow business cycle. Subsidies not needed, would destroy voluntary system.	Fair to good. Subsidies doubtful. Could be done within voluntary system.		
9	Should we have practical nurses in hospitals? Aides? Nursing clerks? Other auxiliaries? Is it important in hospital economy? What per cent of aursing service can these people render?		Yes. Important. 50 per cent.	Yes on all types provided patient care not sacrificed. Proportion varies with type of care and quality of doctor.	No P.N.'s. Other aids O.K. Offers important savings. 60 per cent.		
10.		Yes, but danger of too much theory, not enough practical experience with these ex- perts.	Definitely, but more impor- tant for administrators them- selves to make desired changes within hospitals.	Yes in both cases.	If consultants are wise as ser- pents, harmless as doves. Studies would save time, personnel, supplies.	Need few consultants. Studies would help in larger hospitals.	
11.	Are administrators and trustees responsible for quality of medical and surgical care in hospital?	Yes, must keep after staff.	In final analysis, yes.	Yes.	Yes, legally and morally.	Yes.	
2 20	Charlet Landing Land	**					

No. Should sit in at meetings and report to board.

Yes. Better attendance as meetings, including junior

staff personnel.



NURSING EDUCATION is on its way to college

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THE modern hospital must relinquish the control of nursing education to institutions whose primary purpose is education. The movement has already begun and is gradually gaining momentum. Because it is being guided by sound educational philosophy, the movement will succeed. Fortunately, because the transition is a gradual one, the modern hospital will have time to make satisfactory adjustments.

It may seem trite to say that a divorcement of nursing education from the hospital is not in the developing pattern, but this is a point that we wish to emphasize most strongly. The modern hospital can make the adjustment to the change by entering into cooperation with educational institutions to furnish indispensable clinical experience, but under an arrangement that will permit all of nursing education to be carried on for strictly educational purposes and under educational control.

It is our firm conviction that the modern hospital will not lose in the transition—in fact will gain in every way that is fundamental to the advancement of the health of mankind. Such outcomes should be in complete harmony with hospital aims.

A Deeply Rooted Trend

The transition of the control of nursing education is a symptom of the age in which we are living—an age which is characterized by social change actuated by new discoveries in science. Those who are concerned with any aspect of the health sciences, and with the administration of institutions providing some preventive or remedial health service, are acutely aware of hitherto unexpressed needs which are now making a vigorous appearance. The hospital, if it is to be considered modern, must be geared to these newer

demands and flexible enough in its organization to make suitable adjustments. In the field of hospital service, as in other fields of social service, those institutions will be most conspicuously successful which are responsive to changing social needs and which keep their operations in tune with these needs.

To the astute observer, there are in nursing and the education of nurses many evidences of the newly expressed needs that underlie the evolution now in progress. From its former status of an apprenticeship schooling, nursing education is becoming a well planned program of preparation for a calling which can rank as the equal of several other professions. In making this transition, nursing education is unmistakably moving into colleges and universities, for, like other professions, it is finding there the proper intellectual climate for the preparation of the professional worker.

Sound Reasons for the Shift

The reasons for this shift are sound. Nurses are increasingly aware of the real objectives of nursing education. and the kind of program necessary to reach them. They are strongly impressed with the need for better resources in libraries, laboratories and other physical facilities for education, and for better teaching, which colleges and universities have at hand. Nurse leaders are beginning to realize the need for development of research in nursing and nursing education, and for professional writing and publication. if nursing is to be brought abreast of its allied professions. Colleges and universities are offering these opportunities as well. Alert nurses, because of new insights into the advantages of higher education, are craving association with stimulating personnel in the atmosphere of higher education.

A further reason for the transition grows out of the increasing realization that those in health services need to understand the human personality, in order best to aid ill people to become well and keep well. Understanding human behavior of the normal, healthy individual, they see, is vital to recognition of the abnormalities in the ill person. Such understanding requires the study not only of psychology and sociology, but also of history, philosophy and anthropology, if the deep undercurrents of human nature are to be plumbed.

All this is but one way of saying that nurses and nurse educators are now seeing that the purposes and programs of colleges and universities are overwhelmingly educational while those of hospitals are primarily ameliorative, and that the process of education belongs in places where educational purposes guide it, and where the facilities and the incentive for education are at hand.

Preclinical Education in the Hospital

College is not a retreat for the average young person, nor is there any great amount of leisure time if one studies and reflects on and digests the concepts which make up present-day education on this higher level. However, it presents a sharp contrast to the intensity of the typical preclinical experience of students in the hospital school of nursing. Regard for a moment the nature of this experience in the student's life. She has just entered a completely new environment, away from family and friends. She is plunged at once into a bewildering round of classes and laboratory periods, with the subject matter consisting of arrays of scientific terms and processes, which she is expected to learn by memoriter procedures because there is not time to

The transfer of nursing education from hospitals to institutions of higher learning is a deeply rooted trend that is certain to continue—a fact that leaders in the hospital field must recognize before the necessary adjustments can be accomplished

learn by assimilation. Because of the theoretical nature of most of these materials, and because of her inability to assimilate, her learning seems to her to have little relation to what she is required to do when she is introduced to service on the wards, which is very soon in many hospitals. No one has ever satisfactorily justified this cramming process of the preclinical period in traditional schools of nursing. As a favorable learning experience, it is indefensible. All it does is rush young women through a concentrated, educationally unacceptable study of fundamentals of nursing so they can be speedily put to work.

It is well known among students, nurse educators, and hospital administrators that approximately one-third of the entering students, the country over, do not survive the preclinical period. The single most frequently cited occasion for dropping out is low scholarship, which discerning educators have long recognized as a symptom rather than a malady. It has not been claimed that the preclinical instruction is on such a lofty intellectual level that it is beyond the comprehension of new nursing students. Fundamentally, the difficulty is created by the fact that these young women are rushed through the program for purposes which are not educational. They are required to learn too much, too superficially, in too short a time, in a situation that is too complex and too strenuous for a proper learning atmosphere.

Nursing Educators Not to Be Denied

Since it has long been considered the privilege and, indeed, the responsibility of a profession to define its own educational standards and horizons, it is unlikely that nursing leaders will be dissuaded from their clean-cut resolve to transfer nursing education to educational institutions, and to elevate it to college level. Though they might be justified in covering college preparation for their profession only because of the rewards it may carry in broader general understandings, nursing educators are actually much more practical than this in their present-day insistence on education of a level equal to that of other professions.

Nursing the sick and the aged, teaching the principles of prevention of disease and the acquisition and conservation of optimum health, aiding in the planning for community improvement, as professional nurses must do quite routinely, and the whole area of teaching and administration of nursing are aspects of modern nursing. So farreaching are these that they require the disciplines of extended liberal study and the social and intellectual maturing which accompanies study of a high order for a protracted period, among the most favorable surroundings of superior instructors, advantageous conditions for study, and intellectually stimulating companionship.

A somewhat unusual attitude is becoming apparent among practicing nurses. This is the frequently heard plaint from earlier graduates that they were denied their due in education since they received no college experience and had to work their way through nursing school. Though this conviction may long have been present in the minds of individual nurses, it has become articulate only recently because nurses formerly in the armed services began to profit by college courses made possible for them because of their veteran status, and to observe the tremendous competition among their fellow veterans for a place in the intellectual sun. Insistence upon a college education is a trend that is already having marked influence upon higher education and upon all fields related to nursing education now used for supervised work experience.

Its impact upon the hospital is not remote, but at hand.

It would be constructive for those who plan programs for professional nurses and utilize their services, those who determine policies of hospitals, and those who administer various kinds of health services to stop agitating the question of whether the professional nurse is to be encouraged to become fully professional, for by now nursing is so deeply committed to full professional status as a goal that nothing may be expected to thwart this progress.

The New Rôle of the Modern Hospital

The modern hospital need not be thrown out of step by the transfer of control of nursing education to institutions of higher education. Hospital administrators and trustees should see the great importance of the hospital's rôle as a cooperator with higher education in furnishing clinical facilities and supervision of clinical experiences of nursing students. If these leaders will recognize the priority of educational purposes in nursing education, they will cooperate with higher education by arranging the clinical experiences of students so as best to serve such purposes as defined by the school. Naturally, this will reduce the amount of nursing service the hospital will receive from each student, because the school will insist upon carrying experiences only to the point of diminishing returns, educationally, and will require more rigid adherence to established sequences of experiences. On the other hand, with the length of the clinical experience reduced, the hospital can take more students.

The modern hospital need not fear this change, for there are many compensating devices that can be utilized with study and experimentation. The change should pay dividends to the hospital in the long run. In fact there is well founded reason to believe that even the immediate effect on the hospital will be beneficial. There is little doubt that the colleges and universities will be able to recruit better students of nursing, and, if history repeats in this situation, they will be able to recruit them in greater numbers. In recent years recruitment of students for nursing has been difficult, and there is evidence that young women are unwilling to be exploited while they are ostensibly studying to learn to do the very thing they are simultaneously doing. The cooperative arrangement

between the modern hospital and a university can build a better school of nursing than the hospital can build alone. If the hospital happens to be a part of a university, no better school situation can be found.

The new school of nursing controlled by a college or university, cooperating with a modern hospital, can produce superior nurses because of better educational methods, better supervision of student nurses, and better correlation of classroom, laboratory, library, and nursing practice activities. All of this will make for improvement in the quality of the nursing which the hospital will receive from students.

The modern hospital will study the problem of making nursing services go as far as possible. The team concept for the most effective use of practical nurses, aides and other subsidiary workers is an idea that has great promise for more efficient use of the professional nurse as well as the student who would also be a member of the team. This and other devices will be explored by the modern hospital with the cooperation of the university. The university will bring research facilities into the situation which will assist the hospital in making such studies. Perhaps some modern hospital trustees will offer their hospitals as laboratories for research, not only in the most effective ways to utilize nursing service, but, also in the ways in which patterns of clinical experience may be made to yield most satisfactory learning results for students, since the two are highly correlated.

One may become enthusiastic about improvement in nursing education which can come out of a modern hospital-university coalition, with each playing its proper rôle in the preparation of the professional nurse. In the optimum use of clinical experience which such an arrangement would foster, in a four-year integrated school program, a shorter time may be employed for each student and the hospital can, thereby, offer the experience to larger numbers of students. There is little doubt that the four-year program would attract larger numbers of students.

Such a coalition would offer the best possible opportunity for in-service education of nursing staffs of the hospitals. The improved efficiency resulting therefrom would be a further aid to the hospital in adjusting to the loss of student nursing service.

We have tried to say, in this section,

that while the hospital will lose some student nursing service in relinquishing the control of nursing education to educational institutions, the gains can be greater than the losses, and the gain in the long run for the total health program can be incalculable. The hospital-university coalition has so much promise that the modern hospital should not wait to be approached by an educational institution, but should seek an affiliation. Many are doing so already.

The Rôle of Hospital Leadership

As previously indicated, it is expected that those who administer the hospitals and those who determine general hospital policies for the modern hospital will see, as they study the situation carefully, ways by which the transition from cheap and less efficient student service to more costly and more efficient professional nursing service may be achieved. By utilizing less well trained personnel in the more routine nursing tasks, by team nursing, and by taking full advantage of group nursing and other devices that the modern hospital will discover, the efficiency of the entire nursing staff can be improved enough to make up for the loss of student service. The whole adjustment process will lead to improved personnel relations in the hospitals which, of itself, will increase efficiency of the hospital staff.

Modern hospital leadership should take the initiative in every way possible to fit the hospital into this fundamental evolution in the control of nursing. Administrators and trustees should discuss its implications, and the implications of other changing concepts in the health field, with hospital and school architects, nurse educators and general educators, public health administrators, legislators and progressive public citizens, in order that these key persons may understand what these changes mean for the hospital program, facilities and financing in the furure

In other words, the clientele of both hospitals and institutions of higher education, as well as those who are involved in planning nursing services and nursing education and their essential facilities, should be kept informed about changing needs and demands, and the interest of the clientele in support of both nursing and nursing education should be solicited.

For example, planners in the health field are giving much attention to

wider use of the hospital as a center of community health service in both the preventive and remedial aspects of the program. Such a program would greatly enhance the value of the hospital as a clinical field for student nurses in the nursing education program of the future, because of the breadth of experience it would furnish. The modern hospital leadership should see the relationship of such a plan not only to the community health program but also to the nursing education program and should take the initiative in working with educational and other leaders in the community toward the consummation of such a plan. The enlistment of a whole community in the planning of such a project would go far toward the provision of community financial support.

The physical plant, with other physical facilities for the hospital as a community health center, should be planned specifically for the program which it must serve. This will involve many changes in construction to facilitate the newer methods of the new program. Ask any alert professional nurse in what ways the structure of hospitals. once thought the acme of convenience, has now become obsolete, and the arrangement of wards and diet kitchens and operating and delivery rooms so awkward as to require weary traveling and loss of time for the nurse on duty. There is need for many conferences and great resourcefulness on the part of imaginative architects and their professional advisers in the health field to the end that the structure of the modern hospital may be adapted to the efficient use of nurses.

Some Observations on Financial Support

The financing of the modern hospital, with its new and more significant rôle in the education of nurses, will be a new problem because of the facilities that will be required but the educational institution with which the hospital is affiliated will purchase from the hospital the services required. The nursing students in this new school will pay tuition and fees as required of other students, and with this income and other resources at hand for support of the school, the university will finance the nursing education program, including provision of the facilities for student clinical experience. On the other hand, the hospital should remunerate the students directly for the actual value of the incidental nursing

services they give. This is an arrangement that is not untried in higher education. It is the system used in the college cooperative plan, in which college students alternate study and work, the work being selected because of its educative value to the student in relation to an occupation for which he is himself preparing.

The precise financial arrangement between the two institutions will require careful study, but when worked out can culminate in a contract between them that will be mutually satisfactory and will serve the purposes

It would not be realistic to close this paper without a reference to a pro-

spective new source of financial support of nursing education, namely, federal aid. It should be welcomed rather than feared. Health is no less vital to the welfare of the nation than education, and, ideally, should be supported as education is supported. Of course federal aid is already financing much new hospital construction, and additional financial assistance for nursing and health education is being contemplated. The coalition between hospitals and institutions of higher education for conduct of nursing education will bring to nursing education its share of any federal and state aid that is extended to higher education. One notes the recurrent fear being ex-

pressed that federal control of local programs will accompany federal financial aid, a fear that has been voiced frequently in the past over a period of many years since the earliest establishment of federal aid. In spite of this perennial fear, education now receives vast amounts of federal support each year, and federal control has not materialized in the areas supported by these grants. Is it not time to shake off this obsession, and, after having established all possible safeguards, to move forward toward the objective of the most nearly complete and most effective utilization of surch resources in the interest of better nursing education and better health services?

The Nation Is Prepared for Polio

A STHE case count mounted toward what promises to be one of the worst polio records in history, public health and private foundation authorities assured the nation that funds would be available for hospital care and other aid for polio victims. Up to August 1 there were 8300 cases—an increase of more than 40 per cent over the total reported at the same time last year.

Where the occasion demanded, hospital administrators were meeting the emergency with swift resourcefulness. In Muncie, Ind., for example, Nellie Brown of the Ball Memorial Hospital needed a respirator, got a local in-

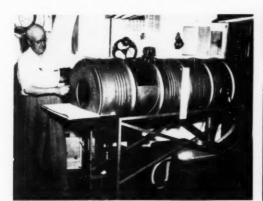
ventor and manufacturer to make one out of alcohol drums and a vacuum cleaner motor. In ten hours, Miss Brown's patient was resting comfortably in the improvised respirator. In Bloomington, Ill., engineers of the Eureka-Williams Co. designed and built a plywood respirator that can be duplicated in 24 hours by any carpenter, they say. R. C. Osborn, Eureka vice president, will send blueprints to any hospital requesting them (see cuts).

In Washington, D.C., Surgeon General Leonard Scheele of the Public Health Service and Basil O'Connor, president of the National Foundation

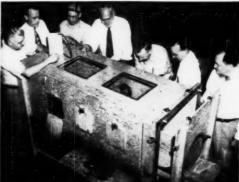
for Infantile Paralysis and the American Red Cross, issued a joint statement. Excerpts:

"The nation is better prepared than ever before to see that polio patients are well taken care of. More hospitals accept polio cases; better trained physicians, nurses, physical therapists, and other professional workers are available.

"No patient need go without care for lack of money. The National Foundation will pay hospital and other medical costs for all patients who need such aid. The Red Cross will recruit emergency duty nurses for areas where hospital staffs are inadequate."



Manufacturer Jack Reichart of Muncie, Ind., made this respirator out of steel drums, vacuum cleaner parts, at request of Administrator Nellie Brown.



This "plywood lung" was made by Eureka-Williams Co. engineers, shown inspecting finished product. It can be built by any carpenter in 24 hours.



The Nurses Love That Two-Way Call System

REV. JOHN G. MARTIN

Administrator

Hospital of St. Barnabas and for Women and Children
Newark, N.J.

THERE are occasions in the hospital in which time is of the essence. The busy nurse appreciates the facilities designed to aid her in service to the patient and at the same time reduce the myriad footsteps in long corridors to ascertain the needs and desires of the patients. One of the accepted helps for this purpose is the two-way nurse call. It is not new or strange for it has been available for several years. In considering the installation of such a system, there are questions to be answered and experience of those who have tried it is of some value.

When the system was first considered for the Hospital of Saint Barnabas in Newark, N.J., strange as it may seem, it did not receive universal approval of the floor duty nurses. They were suspicious of a new gadget that might multiply rather than reduce calls and service. The remark was made that if money was available for such trinkets it might rather be used to sweeten the pay roll. However, a demonstration was arranged and all concerned were invited to participate.

The combination microphone-speaker is very sensitive. A person speaking in an ordinary tone of voice can easily be heard from any part of the patient's room. The nurse speaking at the control board uses a moderate tone and does not have "to talk into the mike" to be heard. It was pointed out that the nurse can listen to the breathing or any other sound in the room without disturbing the patient.

A pertinent question arose regarding the patient's privacy. Suppose he is engaged in a confidential conversation in his room. How can he be assured that no one is eavesdropping? It was explained that, for an extra consideration, a switch might be provided for each patient so that he could disconnect his own instrument at will. This was thought unsatisfactory for obvious reasons. The nurse would never know whether any room was connected or not and confusion would occasionally ensue. It is desirable to have an apparatus which the patient does not touch. Occasional "Mr. Fixits" spell trouble. Our solution came as a suggestion from a patient.

The speaker-microphone is on the wall opposite the bed and at ceiling height, well out of reach. A small pilot light is attached and lights up whenever the speaker in that particular room is activated. The nurse turns it on and talks and when she is through she turns that room off and the light goes out. The patient knows that he has privacy when the light is out and may govern himself accordingly.

When the patient wants service or information he presses the call button. This activates a buzzer and room indicator at the nurses' station and turns on a light over the patient's door. The nurse at the station presses a toggle switch for the room indicated and speaks to the patient. His desires are thus ascertained without a personal journey to his room. When the conversation is over the pilot light on the speaker goes out, the patient depresses the nurse call button, turning off the light over the door and the indicator at the nurses' station. If the conversation indicates required service the nurse may turn off the call switch when she goes to the room.

One question of an interested administrator was "Have you reduced the number of nurses serving in these areas?" The reply in the negative is explained by the fact that the shortage of nurses has been acute and deficiency of service has been greatly reduced.

The cost of equipment for such an installation is considerable but well worth the expense. In our case, because of our policy of purchasing services of a special nature which require greater skill than is ordinarily provided in the hospital maintenance department, such as regular inspection and repair of elevators, window washing, and telephone service, we called in the telephone company as this is a communication problem. It was immediately interested and, after a six months' study, was prepared to give us service. It thereupon installed the system on three floors of 20 rooms each with a nurse control on each floor. There were a moderate installation charge and a monthly rental similar to that of the system of rentals for telephones. The monthly rental of the 60 microphone-speakers is less than half the salary of a floor duty nurse. The equipment is owned and serviced by the telephone company and we were spared the expense of purchasing any equipment.

And now the nurses love it!

HATFIELD Wears the Mantle of Poor Richard

A Modern Hospital portrait of the new A.H.A. president

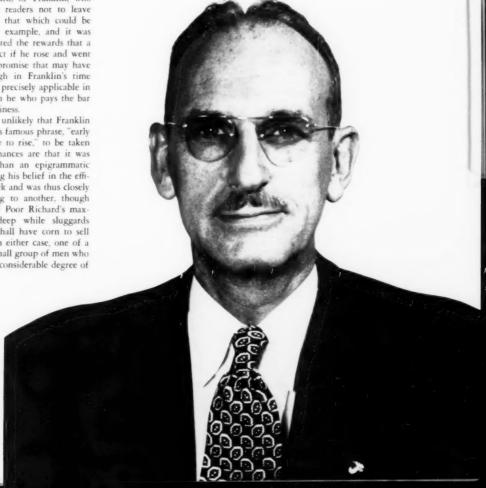
R. M. CUNNINGHAM Jr.

BENJAMIN FRANKLIN, who founded the Pennsylvania Hospital in 1751, was fond of writing aphorisms about the virtues he particularly admired, including, among others, industry, resolution, order, moderation, prudence, temperance, sincerity and silence. A number of Franklin's aphorisms have survived until our time in a work of his called Poor Richard's Almanac. It was Poor Richard, or Franklin, who admonished his readers not to leave until tomorrow that which could be done today, for example, and it was Richard who listed the rewards that a man could expect if he rose and went to bed early, a promise that may have been fair enough in Franklin's time but is no longer precisely applicable in these days, when he who pays the bar bill gets the business

Actually, it is unlikely that Franklin ever intended his famous phrase, "early to bed and early to rise," to be taken literally. The chances are that it was nothing more than an epigrammatic way of expressing his belief in the efficacy of hard work and was thus closely akin in meaning to another, though lesser known, of Poor Richard's maxims: "Plough deep while sluggards sleep, and you shall have corn to sell and to keep." In either case, one of a comparatively small group of men who have achieved a considerable degree of

success today chiefly by means of hard work is, by a curious circumstance, the present administrator of Franklin's hospital, John N. Hatfield. As a matter of fact, it may be that Hatfield owes his rise from a Pennsylvania farm to the presidency of the American Hospital Association to the close connection be-

tween the hospital he now heads and Benjamin Franklin, even though Franklin had been dead for a hundred and thirty-four years when Hatfield came to the hospital in 1924, and Hatfield himself was already 27 years old at the time, an age at which the qualities Franklin wrote about are usually either





Heavy with history, the original Pennsylvania Hospital building shown here is still standing and is still used for hospital purposes. Administrator's office was once an apothecary's shop; library is also a museum.

present or absent in the character. In most of us they are unhappily absent, but in John Hatfield many of Poor Richard's virtues are notably present.

Unquestionably, the outstanding example is devotion to hard work. A man whose industriousness is limited only by the fact that certain amounts of sleep and nourishment are necessary to continued existence. Hatfield works long days at his hospital and spends most of his evenings reading or writing reports or attending meetings. Unlike many of those with whom he has shared assignments in local, state and national hospital groups, Hatfield has always considered an appointment to a committee or office as an opportunity to work rather than an honor or an invitation to stand up and take a bow. During a period when priorities, surplus property, social security, income taxes, veterans' care, licensure and federal aid for hospitals have all been in negotiation between the American Hospital Association and various departments of government, it is fortunate for the nation's hospitals that their council on government relations has been headed by a man like Hatfield and not one who collects offices the way a small boy collects campaign buttons, as a means of increasing pres-

The distriction is appreciated by Hatfield, who is not above lecturing his colleagues in a manner that would have done credit to Poor Richard. Reporting for the council on government relations in 1947, he noted the fact that hospitals had been exempted from the provisions of the Taft-Hartley Act. "The important thing there is that we got [exemption] not because we asked for it, but because we worked for it," Hatfield told association delegates at

their St. Louis meeting that fall. "Don't think you can get something out of Congress by asking," he went on severely. "It means a lot of work, and your officers and Washington representatives are doing most of the work in that connection." An avowed believer in associations, Hatfield often broods about the great influence the A.H.A. could wield if every hospital in the country were a member and every administrator worked as hard as he does.

Taking over the presidency at a time when association influence is a definite factor in all matters affecting the nation's health, another man might find satisfaction in the distance that has been traveled in the past few years, instead of needling himself and his fellows about the mileage yet to go. Already the association has accomplished most of the goals Hatfield had in mind in 1936, when he addressed a message to hospital people urging them to join and take an active part in local and national hospital groups. "Think for a minute of the potential power of the association with full representation!" he said then. "Without our associations to represent us in legislative halls, who would look out for our interests? No one. And you may be sure that politicians and politics have no regard whatsoever for any individual or anything unless there are votes and plenty of them represented by you personally or the association that you delegate to act for you.

"Some of us will not join associations," Hatfield continued, chastising the sluggards who slept while he and others were ploughing deep. "We won't recommend to our boards that our hospitals join; we won't lift a hand to cooperate with the association; we won't participate in their deliberations; we won't even answer questionnaires. We merely adopt an air of indifference and disinterest. We spend a great deal of our time criticizing those who are public spirited enough to take an active interest in those associations."

At the time Hatfield delivered these strictures, fewer than 1800 of the nation's hospitals were institutional members of the association. With more than 4000 members today, the A.H.A. must have achieved approximately what Hatfield envisioned as "full representation" thirteen years ago, yet he still has his eye on the road ahead. "The more members we have, the more force we have behind some of the things we are trying to accomplish," he said last year, duplicating the sense if not the flourish of his 1936 message.

Probably the major triumph of hard work and association influence during Hatfield's term as chairman of the council on government relations was the passage of the Hill-Burton Act. which he helped to shape and steer through the Congress. In 1945, Hatfield reported that the Hospital Survey and Construction Bill had "received the constant attention of the council as well as the president, executive director and many other high officials of the association. This bill represents the first really aggressive action on the part of the association with respect to federal legislation." The following year, Hatfield was able to report that the bill had become law. Under the circumstances, a certain amount of self-congratulatory flexing of association biceps might have been pardonable, but Hatfield is not a man to indulge himself along these lines. Instead of dwelling on the achievement, his report disposed of it in a single sentence and went on to emphasize the need for continued hard work to make the new law effective and to obtain additional legislation favored by hospitals.

By 1947, Hatfield was specifically recommending a bill which would provide "federal aid to states in the establishment of programs for making medical and hospital care available to persons unable to pay for it." If the Hill Bill, which was introduced to the Congress last March and is aimed at accomplishing this objective, is ever passed, a large share of the credit will belong to Hatfield, who sat in most of the meetings at which the legislation was framed and occupies a ruling post in the strategic councils which will guide its course through Congressional

shoals and rapids. If and when the bill is finally passed, however, it is certain that Hatfield will not be prominent among those taking credit. As president or past president of the association, he will unquestionably be found urging its members to buckle down and work hard for the success of the program.

As it has turned out, Hatfield will buckle down and become president of the association on the thirtieth anniversary of a period in his life when he was, as he describes it now, "probably as discouraged and disillusioned as anybody in this world." That was in September 1919, following his discharge from the Marine Corps, with which he had served in France. Born on a farm in the sticks, or hills, of northern Pennsylvania, Hatfield had attended a oneroom school in the Poor Richard genre and, later, had distinguished himself as a track athlete at the district high school near Mansfield, where his family lived. Aided by an athletic scholarship and hard work as a waiter, dishwasher, furnace stoker and truck driver, he had financed a year at Penn State college before the war came. After the war, however. Hatfield had come reluctantly to the conclusion that continuing his college education was out of the question-a circumstance that exploded his lifelong dream of becoming a doctor and foredoomed him, as he thought then, to a life of mediocre accomplishment, if not manual labor.

Happily, things have worked out differently. Taking a job with a surveying outfit, young Hatfield was rapidly promoted from axman to rodman to chainman to transitman, a series of triumphs that looked like spectacular success to his fellow surveyors but left Hatfield, who thought surveying was strictly a job without a future, unmoved. He kept looking for something better and, fortunately, the thing that came along was a hospital job.

It probably isn't surprising that Harfield did not at first recognize destiny, which was disguised as a storekeeper's billet at a state tuberculosis hospital. He heard about the job from a friend and took it, though he didn't know a storeroom from a stovepipe, because it appeared to offer a more respectable future than surveying. Ploughing deep, he learned about stores in a hurry, and before he left the sanatorium a year and a half later he had worked out a perpetual inventory system that is still used in Pennsylvania state institutions. Still not certain that hospitals were his With Albert V. Whitehall (left), A.H.A. government relations secretary and Washington bureau head, Hatfield has planned and directed strategy in nation's capital in critical war and postwar periods.



destination, he moved on to a job as steward at the Reading Hospital.

Then, possibly realizing that the virtues he had cherished were falling into disrepute, the shade of Poor Richard reached out and gave Hatfield's career a helping hand. He was delegated to take a patient down to the Pennsylvania Hospital in Philadelphia. Because of the famous Benjamin Franklin background and other points of historical interest, his superiors thought he might as well look around while he was there and gave him a letter to Daniel Test, superintendent of the Pennsylvania and one of the nation's outstanding hospital administrators at that time. It was love at first sight between Hatfield and Test. As soon as the necessary arrangements could be made, Hatfield went to Philadelphia as purchasing agent of the Pennsylvania. Three years later he became assistant administrator. When Test died in 1930. Hatfield moved up to the job he has held ever since.

At the Pennsylvania Hospital Hatfield is hip-deep in history, and it is understandable that he speaks of the hospital with the same reverence that a man might show for a famous ancestor. Relics abound, many of them dating back to Franklin's day, and Hatfield often visits the hospital library, which also serves as a museum, to recharge his devotional batteries. "I always leave the library with the feeling that I have gained something by having been there," he wrote once. "To me the place is inspiring. It reflects the hardships, perseverance and indomitable spirit that laid the foundation of the great hospital system of America."

While the impact of history is at its height amid the yellowed paper and polished oak of the library-museum, it is palpable all over the hospital. Built

in 1755, the original building is still in use as a medical ward. So are buildings that went up in 1796 and 1804; the latter housed an apothecary's shop which is now Hatfield's office. Comprising some 30 buildings altogether today, the hospital has 513 beds, 300 of which are used for ward patients. Inevitably, revenues fall far short of expenses; the estimated deficit for the current hospital year is \$192,000. Fortunately, however, Franklin's successors have husbanded their resources with a prudence he would have admired, and the hospital corporation is still well heeled. As one observer stated recently, "They've never got down to their last five million dollars."

For the nineteen years of Hatfield's administration, the door to the old apothecary's shop has always been open to any hospital employe who wanted to come in. "I couldn't work behind closed doors, and I don't see how any successful administrator can," he said not long ago. It is a point of pride with Hatfield that a number of hospital employes do drop in to talk to him every week, often seeking advice on personal problems. As he sees it, such visits have nothing to do with the chain of command; all instructions and orders move down through regular departmental channels, and grievances come up by the same route. As he conceives it, however, a large part of Hatfield's success as an administrator is attributable to his ability to deal with all classes of employes on their own level. "I've stoked boilers, and the hospital firemen know it," he has explained. "I've been a cookee in a lumber camp, and the kitchen maids and cooks know that. I've also been a dishwasher and an errand boy and a clerk and a storekeeper, with the result that most of the hospital's employes

feel that I understand their problems and talk their language."

In the opinion of many of his associates, however, Hatfield overrates the value of his humble origin and early experience and underrates the qualities of character which have contributed to his administrative conquests. "John is fair in all of his relationships. I would say this is his chief characteristic." a colleague said recently. "He very carefully weighs all alternatives before proceeding-as much to be fair as to be wise, I think

VALUES COLLEGE TRAINING

Like many other men whose formal education stopped short of graduation from college. Hatfield places a disproportionately high valuation on college training and is inclined to be selfconscious about his own lack of it. He feels this particularly when he is preparing a paper or report for presentation at a meeting or for publication. "I don't feel that I can organize my material as well as I should, and I'm not always sure of my grammar," he is likely to complain, naming flaws by no means restricted to writers who never went to college. As a matter of fact, Hatfield's annual statements as chairman of the council on government relations have generally been models of straight-line reporting and succinctness. The same virtues, however, are not always found in his contributions to his own hospital's Bulletin, where he is likely to fall back on such clichés as "adverse economic circumstances." "a measure of justifiable pride" and "almost insuperable obstacles," and where, on one recent occasion, he broke tautological records by speaking of "the significance of the importance of a growing demand for better health facilities." Such sins as these, however, were all amply atoned for a year ago when he addressed the A.H.A. house of delegates following his introduction as the new president-elect of the association. Hatfield's modesty and brevity on that occasion were surpassing. "I consider that you have conferred a great honor on the Pennsylvania Hospital. That I appreciate very much. I shall continue to try to serve the association as I have in the past. Thank you very much.' That was his acceptance speech.

Except for the objectives he has been working for right along, Hatfield has no particular program that he wants to prosecute as president of the association. He believes some form of government aid is needed to help

people who can't pay hospital and medical bills. The Hill Bill, as he sees it, is the logical first step toward meeting that need. When that bill is passed and working satisfactorily, additional legislation to meet additional needs, if any, can be discussed. Those who favor the compulsory health insurance, or wholehog, approach to the nation's health problems are for the most part sincere people who are misinformed about the need and misled about the method, he thinks, and not sinister enemy agents bent on overthrowing the government and destroying the American way of

Along with the Hill Bill, in Hatfield's view, we must work out some means of providing the additional doctors, nurses and other health workers who will be needed to staff the facilities now being built with Hill-Burton aid. 'It is foolish to build facilities we can't staff," he said recently, "yet we may actually be doing that today. If it is necessary to subsidize individuals and institutions in order to produce the qualified health technicians we need, then we will have to have legislation to provide the needed subsidies." Privately, Hatfield has acknowledged his belief that such subsidies will prove necessary. "But not in a centralized setup," he pleads. "We must make certain that control is decentralized, as it is in the Hill-Burton Act.

A tall, angular man whose perpendicularity makes him look thinner than he is. Hatfield has a grave manner that rarely gives way to any show of upset or excitement. One thing that does ruffle his calmness a little, however, is all the talk about practical nurses. "We can't have two grades of nurse, any more than we can have two grades of doctor," he has declared with some heat. "Do you think people would put up with being cared for by a 'practical doctor? A nurse is either qualified or not qualified, just as a doctor is!" Acknowledging that hospitals may need auxiliary workers to help nurses with their routine duties. Hatfield nevertheless maintains that such people are not nurses and mustn't be called nurses. 'Let's not call a non-nurse a nurse," he insists. If we keep the distinction clear, he points out, we won't be plagued by so many problems of licensure, education and supervision.

Hatfield is aware, and undisturbed by the fact, that not many people share his views on the subject of nurses helpers. In this and other instances, however, his sense of inner righteous-

ness is a strong bulwark against public criticism. On at least one occasion, Hatfield has blandly submitted himself to public misunderstanding without even bothering to explain his own position. That was three years ago, when, as leader of the Pennsylvania delegation to the A.H.A. convention, he introduced and fought for a resolution to change the language of a Blue Cross policy statement so that hospital payments would be based on billings rather than costs. The resolution touched off a protracted debate, some of which became a little emotional. Eventually, Hatfield was defeated. People who asked him about it later were astonished to discover that he himself had always favored the cost basis for reimbursing hospitals. As leader of the Pennsylvania delegation, however, he felt obligated to support the position that the Pennsylvania association had taken in the matter.

NO NEED FOR SELF-REPROACH

Among the honors and successes that have crowned his efforts, one of the rewards that Hatfield is able to enjoy is freedom from apology and selfreproach on occasions such as this and at other times when programs he has worked for fail. For several successive years following the war, for example, it was his painful duty to report that the association's efforts to get surplus property set aside for hospitals had been unavailing. The fact was, of course, that all surplus property remained behind an impenetrable barrier of red tape throughout the entire period. Ben Franklin himself could have done no better than Hatfield did under the circumstances, yet, besides mentioning once or twice that the situation was confused, he made no particular effort to excuse the failures he

In a world disposed to judge people by the amount of noise they make, such poise is rare indeed. Possibly the most remarkable thing about Hatfield is that he fails to see anything remarkable about himself. He insists that he is just an ordinary fellow who has gotten some breaks along the line." You have to work hard to get the breaks, Hatfield tells his two sons, who are now in college, and you have to work hard to take advantage of them. For, as Poor Richard said and as Hatfield firmly believes, "Diligence is the mother of good luck." John Hatfield has ploughed deep all his life, and today the corn-



Photographs, Courtesy Boacon Press

albert Schweitzer-HUMANITARIAN

A Modern Hospital Interview by RAYMOND P. SLOAN

FROM the obscurity of the African jungle has emerged a man declared to be among the great of all time. Unostentatiously he entered the port of New York one day last summer, dressed simply in baggy black suit,

white wing collar and black bow tie, accompanied by his wife wearing a white cotton dress, her frail body supported by a cane.

Dr. and Mrs. Schweitzer had come to America, he to lecture on Johann Wolfgang von Goethe at a convocation to be held in Aspen, Colo., commemorating the two hundredth anniversary of the German poet-playwright's birth, she merely to be with him as she has been for the past forty



The forest hospital at Lambaréné, Africa, is part of a village in which the natives live while they are receiving treatment.

years and more, and wishing for noththing else than to remain in the background.

To a limited number of scholars and music lovers, Schweitzer's name was familiar—deeply respected by those who knew him through his writings, beloved by those fortunate enough to have met him personally in Europe or Africa. To the great American public, he was practically an unknown. Never before had he set foot in this country. For his wife it was a return trip.

No sooner had his boat docked than the 74 year old scholar became the man of the hour. Newspaper headlines proclaimed him "the greatest of the great." Leading magazines devoted pages to chronicling the story of his life, lightened by numerous incidents based on fact and fancy, but all paying tribute to his achievements in the fields of religion, philosophy, music, education and medicine. A bit disconcerting, perhaps, to one who has spent years of his life in the African jungle. Yet, Dr. Schweitzer soon caught on. Asked by one enquiring reporter soon after his arrival what solution he had to the problem of the atomic bomb and communism, he replied jovially-"but we have no such problems in Africa. Therefore I have no answer."

Immediately he endeared himself to the American press. This, indeed, is one of the qualities of his greatness, his ability to endear himself to people in all walks of life.

"But what makes Dr. Schweitzer the 'greatest of the great'?" Some, no doubt, would reply that it is his unparalleled skill in interpreting Bach's choral preludes on the organ. Others would point to his philosophical and religious writings, or to his achievements in health work among the natives of French Equatorial Africa.

Yet, these are but component parts of the whole. It is Dr. Schweitzer, the man, who makes for greatness. It is his spirit, his great compassion for those who suffer. To him God is love. It shines forth from his eyes. It radiates from his smile. It is transmitted in the warmth of his handshake. Above all else this man would prolong life—human lives as well as the lives of all living creatures.

He tells of the prayers his mother taught him, also of the one he composed himself and which he would recite each evening—"Dear God, protect and bless all creatures that have breath, save them from all evil and let them sleep in peace and happiness."

In love with people, in love with his work; a dreamer, yet a man of action,

as is demonstrated by his many accomplishments, Dr. Schweitzer above all else is the world's great humanitarian.

These various qualities were revealed one afternoon toward the end of his brief American sojourn. He had just returned from Colorado, where instead of one speech he had made two, one in French, the other in German. Dr. Schweitzer speaks no English. Lack of orientation to the mountain altitude produced unusual fatigue, notwithstanding which he had insisted on meeting personally with the younger people attending the conference.

In Chicago an honorary degree had been conferred upon him by the University of Chicago, necessitating a speech of acceptance. And since his return to New York, there had been meetings with this group and that, long sessions of inscribing books and programs, and additional functions calling for his presence and response. Yet, having shaken hands with numerous admirers on this particular occasion in the exhausting heat of New York's mid-summer, he deliberately requested that this visitor remain, that he might talk with him further about his forest hospital in Lambaréné, the "Doctor's Village" as it is popularly known.

"Does he never rest?"

In her chair in the corner of the room where she was chatting with friends, Mrs. Schweitzer shook her head. Poor health during recent years has made it impossible for her to participate as actively as formerly in affairs at Lambaréné. During those seasons when the enervating heat of the jungle is at its worst, she must return to their home in Europe on the edge of the Black Forest. Yet always her heart remains in the jungle.

The Schweitzer partnership started many years ago, when as a girl in Strasbourg, Helene Bresslau pulled the organ stops for a young musician as he 'played Bach chorals and fugues. In 1902 she started studying nursing. Twelve or thirteen years later, following one year of marriage, she resumed her nursing training in order to pass the examinations which had since been required.

Today small, slightly bent and with graying hair, she sits by and watches, watches with eyes that have witnessed pain, eyes warm with understanding, with human feeling and sympathy, eyes whose lids close at times as though in utter weariness.

"He is always tired." She speaks in perfect English. "He is used to being tired. And life here is so different, so much running about. Our natives cannot understand why people in America run about so, and of all places, to work. In Africa they run away from work." She smiled, adding—"But we are used to any kind of life. It has been our habit to find our way, to take what has been given us, and, with what we have learned, to try to help humanity."

Her husband approached. Whereupon Helene Bresslau Schweitzer resumed her conversation with her friends, using her native German.

With some persuasion Dr. Schweitzer adjusted his bulky frame into a chair. Probably he would have preferred to remain standing. He is used to it. The only time he remains seated is at the end of a long day in Lambaréné, when, his patients settled for the night, he retires to his tiny study and writes, writes laboriously in longhand, letters to his friends all over the world, letters relating to the operation of his "village," or resumes writing his Philosophy of Civilization." Until a few years ago, it is possible that the strains of a Bach choral might have broken the silence of the African night. But, recently the pressure of other work makes it increasingly difficult for him to keep up with his

Studying them closely, it is difficult to imagine those hands manipulating the delicate keyboard of an organ. Just as difficult is it to visualize them sheathed in rubber, wrestling with an obstinate hernia. By virtue of their size and strength, they would seem far better equipped to place in proper position the sheets of corrugated iron with which their possessor has constructed parts of his "village," and for which he has received the nickname of "Mingong," meaning corrugated iron.

Everything about Dr. Schweitzer denotes power. The head, familiar by
now to readers of current periodicals
the country over, is leonine, with locks
of unruly gray hair falling over the
forehead, bushy brows protecting eyes
that sparkle with wit and humor, and
a profuse handle-bar moustache, bent
downward. The voice is gentle but
firm, the language impeccable French.
The conversation is direct and to the
point, mixed with a joviality that is
as unsuspected as it is welcome, com-

Seriousness, faithfulness, sense of responsibility, honesty, trustworthiness, love of work, devotion to the calling in which one is placed, enterprise, prudence in the management of his material welfare, independence—these qualities are what constitute character in the best sense of the term.

Our forefathers formed the fine traits of their character at a time when they were able to lead a quiet and assured existence. Stable conditions virtually guaranteed success to any well started and well tended enterprise. A man who was efficient in his work was certain of success. Earnings and savings maintained their value. The development of the natives, on the other hand, takes place in an age when everything is in flux, in a state of transformation and of uncertainty. The conditions necessary for fruitful activity are no longer present. Catastrophes are no longer to be foreseen, ability cannot protect from failure, cleverness is often more successful than worth.

Our forefathers developed in nonpolitical times; the natives must begin their development in political times. It was taken for granted by our forefathers that they would be ruled by persons who in accordance with certain accepted hypotheses deserved to be their masters. In those times men could live for their work and accumulate their earnings steadily. Today, when the peoples have taken the conduct of public affairs into their own hands, peace and unconcern are things of the past. Countries are plunged into constant confusion. Parties fight for power. Individuals can do nothing else but participate in these conflicts-professing certain points of view with like-minded people, contesting against the others. What emerges from such conflicts as "the will of the people" does not possess the authority required for genuinely effective rule. Statutes and measures are obscure and inappropriate, because they are not carefully considered and quietly worked out with sole concern for the right. They come from compromises upon which people have agreed so far as they could.—ALBERT SCHWEITZERT

†From "The Africa of Albert Schweitzer," by Charles R. Joy and Melvin Arnold, copyright 1948, used by permission of Harper & Brothers and The Beacon Press.

ing from a man of such mental attainments. Gentleness linked to power; a dreamer impelled by action. And the while Dr. Schweitzer chatted about his work in Lambaréné.

He entered hospital work not from desire of further attainments, or of personal gain. Already, at the age of 38, when he first went to Africa, he had achieved renown in many fields. He went because he wanted to serve. "We must all carry our share of the misery which lies upon the world," he has said.

He went, too, without any illusions as to the burdens he was assuming, or the sacrifices entailed. Again, to quote—
"Anyone who expects to do good must not expect people to roll stones out of his way, but must accept his lot calmly if they even roll a few more into it."

His words carry meaning to every hospital administrator who, working amidst an advanced civilization, laments his fate and bemoans his problems. Dr. Schweitzer shares many of the problems of American hospital people with others peculiarly his own, including elephants. In Africa these animals aren't the type to which you feed peanuts. They are the variety which treads ruthlessly through banana plantations, destroying one of the main sources of food.

"I admire greatly your administration here," Dr. Schweitzer stated, "but we cannot so operate. There can be no formal plan of arrangements. You see, my hospital is part of a village to which the natives come and where they live while receiving surgical or medical treatment. They live as they do at home. They do pretty much as they like. Our chief responsibility is to provide them with a roof, food and proper medical care. The great wisdom that one acquires in living with the natives is not to try or to want to make them over, to force them into being anything but primitive, but rather to let them remain as they are."



Today the "village" comprises some forty small buildings of native design and construction, surrounded by 220 acres, including plantations of citrus fruit which the Doctor, with the assistance of native help, cleared originally and has since planted. It provides accommodations for between three hundred and four hundred blacks, with twenty beds for white patients. Some of the blacks sleep on couchettes; others prefer floormats which they themselves provide. Three doctors work with Dr. Schweitzer, also eight or nine white graduate women nurses, assisted by a corps of natives, men predominantly. The only trouble with the women, according to Dr. Schweitzer, is that they marry too early. The corpsmen, however, have proved highly efficient.

Although founded originally to fight that dread disease of the tropics, sleeping sickness, the hospital facilities were soon discovered to be inadequate. Private medicine could not provide for the frequent checkups and treatments required. Therefore the government took over. This made it possible for Dr. Schweitzer to devote more of his time to the treatment of leprosy.

"For the last thirty-five years, I have devoted much attention to this disease," he explained, "and am glad to report great progress. Of course, experimentation requires prudence. For the past three or four years, I have been working with those two powerful new drugs, promine and diasone. The results are remarkable.

"I am now going back to reorganize and develop this program. We have a great opportunity to experiment, because of the vast numbers of natives who come to be treated, but we need more domiciles to house these unfortunates. At present we have about 150 such cases. The problem is that they require housing and treatment over long periods.

Eventually we should be able to determine in which cases promine or diasone proves more efficient. Our conclusions to date would indicate that promine is better for the great ulcers, and diasone better for the smaller ones.

"Frankly, I don't know what I should have done without the help of America in supplying me with medicines, tools and medical equipment, particularly during those difficult years of the war. I was astonished that you should have heard of me and offered me your help, and I am deeply moved by it all."

That America's help continues was revealed in the various conferences Dr. Schweitzer had during his stay in the United States, with doctors and executives of medical and pharmaceutical supply firms. It was apparent that his luggage on his return trip would be considerably heavier, not with the personal luxuries that America affords, but with the vital drugs this country is glad to share with sufferers from leprosy and other tropical diseases in the jungles of Africa.

The fight against leprosy is the chief concern of those in the Doctor's "village." Yet there are numerous other maladies to keep them occupied, over-occupied most of the time—ulcers, dysentery, malaria and frambesia, a certain type of syphilis. Hernias, particularly strangulated hernias, are common, also tumors. Mental cases, of which there are always a few, are segregated in a special structure. Strangely enough, appendicitis is rare and, when it does occur, is confined to the whites. And there are always bites from poisonous reptiles, and wounds inflicted by savage animals of the forest.

Dr. Schweitzer listened with interest to stories of hospital problems in this country, particularly in those smaller institutions where, like himself, the administrator must serve in various capacities.

"But in Africa we have no administration as such," he kept insisting. "It's hospital work on the family plan."

One thing he couldn't deny, however, and that is that he has problems. He wouldn't say, either, because his modesty would prevent, that he is designer, builder, plumber, planter, gardener, pharmacist, fund raiser, as well as chief surgeon and father confessor for his hospital "village." His associates can even tell of having seen him carry food to ailing natives.

But talking of problems—well, here are a few.

As "le grand docteur" puts it, "grand" in this instance referring to age, rather than size,—"I can't have too many mechanical devices, such as engines or motors for my pump or refrigerator, because of the climatic conditions and the difficulty in getting parts. There is no one to make repairs other than myself."

For similar reasons there cannot be any modern hospital equipment, such as x-ray machines, metabolism units, electrocardiographs or a well equipped laboratory. The excessive heat and humidity would wreck them. Better to have none at all than to rely on those that might supply false readings. Lack of such facilities, coupled with native superstitions and the various languages and tribal customs, makes diagnoses extremely difficult. The doctors must use their own powers of intuition as to the patient's condition. And it is surprising how proficient they become.

Constant changes in the staff are vital because of the climate. Doctors and nurses, too, must get away at intervals of every two years or so. An American nurse who had served in Lambaréné and has been on vacation in this country was returning with the Schweitzers to resume her work. Such changes in personnel inflict additional responsibilities upon others of the staff, but the work goes on nevertheless. "We always need good people," said Dr. Schweitzer, "and by good people, I mean those who won't try to force things upon the natives."

Perhaps the greatest problem at Lambaréné concerns food. The Doctor termed it his "greatest preoccupation." There is no such thing as fresh milk, for cows are unknown in the jungle. Futhermore, the natives plant just enough for their own needs, for they are forever pulling up stakes and moving on.

Two years in the making under the Doctor's supervision, the hospital garden now supplies beans, peas and other vegetables. All the work had to be done during the dry season. The tropical rains flooded it, until walls were erected as a precautionary measure. The hospital has its orchards, too, providing oranges, grapefruit, tangerines and pineapples in season, all developed by Dr. Schweitzer.

The natives live chiefly on bananas, manioc, which is their bread, and palm oil, used for butter and cooking fat, with rice and an occasional scrap of fish or meat. The hospital purchases bananas from a tribe up the river, but again, there are always elephants to be reckoned with.

The Doctor would not convey the impression that there are no compensating factors, however. Accompanying each patient to the hospital is one of his wives or some relative or retainer, who looks after him, cooks his food, which the hospital supplies, on a little fire outside his door, and who sleeps, even, beside him on a floormat. This relieves the burden considerably. Semiweekly the natives line up to receive their rations of bananas, manioc and palm oil, constituting much the same diet that they have at home. And when they leave, they carry with them a sack of edibles. The Doctor is a good provider.

Meals are prepared for the doctors, nurses and European patients by a dietitian. These comprise dishes made from native foods, but prepared in such manner as to be palatable to people of the western world. Then there are the vegetables and fruits from the hospital gardens. Whoever among us has through personal experience learnt what pain and anxiety really are must help to ensure that those, who out there are in bodily need, obtain the help which came to him. He belongs no more to himself alone; he has become the brother of all who suffer. On the "Brotherhood of those who bear the mark of pain" lies the duty of medical work, work for humanity's sake, in the colonies. Commissioned by their representatives, medical men must accomplish among the suffering in far-off lands what is crying out for accomplishment in the name of true civilization.

In reliance upon the elementary truth which is embodied in the idea of the "Brotherhood of those who bear the mark of pain," I ventured to found the Forest Hospital at Lambaréné. That truth was recognized and is now spreading.

-ALBERT SCHWEITZER*

*From "Albert Schweitzer, the Man and His Mind," by George Seaver, copyright 1947, used by permission of Harper and Brothers.

There is compensation, too, in the fact that no persuasion is required when a native must undergo surgery. He believes the knife to be far more effective than any medicine in driving out evil powers. In consequence, the individual who must undergo an operation is accorded great honor in his local village, with fitting celebrations taking place prior to his admittance to the hospital. And the fact that he cannot work is always good news. He knows that his family will support him.

The hospital is spared providing custodial care, also certain equipment for its patients. Each native on admittance is expected to produce a mosquito net, a blanket, a mat to lie on, and a saucepan, to say nothing of the wife or retainer who is to look after him. Should he add to these a small gift to pay for his hospital care, so much the better. Sometimes such evidence of appreciation materializes, more frequently it does not. The gratitude of the native is not always manifest. But the Doctor and his staff are not looking for gratitude.

"The primitive does not bear organization." Dr. Schweitzer kept reiterating this, in explanation of the fact that in his "village" the native lives much as he would at home. Its population comprises not only patients but members of their families and babies. Always there are babies, not solely those infants delivered at the hospital, but others that it receives as wards.

According to a native superstition, a woman must not breast-feed a nursing child whose mother has died. Should she do so, she will suffer the same fate. Because of the absence of milk, such children were doomed to death, until it was discovered that at the hospital there was canned milk. Now these infants become the responsibility of the Doctor and his staff, unless some close relative remains with them.

The liberty accorded the patient who is undergoing treatment can lead to various unhappy situations. It is not unlikely that a sick man, despite the strictest instructions, will eat the salve that has been given him to rub on his skin, or drink a whole bottle of medicine, believing it will hasten his recovery.

Also, were it not for the monthly roll call, it would be defficult indeed to determine who is or who is not receiving hospital care. Among the ambulatory patients, some will depart without saying "good-by"; others will slip in unnoticed. But the last day of each month a roll call brings the census figures up to the minute.

Housekeeping problems are solved by establishing Saturday afternoon as clean-up time. For this operation all the available men and women are enrolled. Wards and houses are swept and washed, all debris is removed, particularly bottles or tin containers which may contain water and serve as a breeding place for the always dangerous mosquito. All this has not been accomplished without organization, despite the assertion of "le grand docteur" that "we have no arrangements." A family of such substantial proportions is not brought up without supervision and guidance. With all his gentleness, Dr. Schweitzer has ruled supremely and firmly since 1913, when the hospital was first started.

That was the year when, having received his doctor's degree, in company with his wife he started for the River Ogowe in Equatorial Africa. At first his patients were treated in the open air under the broiling rays of the tropical sun, or, during periods of rain, under the veranda of a dwelling. Soon an old hen house was converted to hospital purposes.

The next step was a small building containing two tiny rooms for consultation and operations, with two others which served as a dispensary and sterilizing room. Soon afterward two other small buildings were added, a waiting room for patients and a dormitory for the ill.

FORBIDDEN TO PRACTICE

The first World War hung like a great cloud over the horizon. Because he was an Alsatian, Dr. Schweitzer was forbidden to practice. The work of the hospital was at a standstill. It was at that period that he started to write his "Philosophy of Civilization." Shortly afterward, having been permitted to resume his medical work, he was ordered with other prisoners of war to Europe for internment.

Months of confinement and restriction followed for both the Doctor and his wife. Severe illness likewise assailed them. Following an operation in Strasbourg and months of convalescence, Dr. Schweitzer resumed his professional work as physician in a municipal hospital. Later he gave lectures and organ recitals throughout Sweden, thus paying off some of the hospital's debts.

The year 1924 saw him headed once more toward Lambaréné. The hospital buildings over which he had labored so hard were decayed. There was but one thing to do, to start all over. So, in the mornings the Doctor cared for the sick; in the afternoons he worked as carpenter and mason on buildings to house them.

By 1925 some sort of order was restored, but by then it became evident that the facilities were inadequate. An epidemic of dysentery brought more patients than could be accommodated. Better housing was needed for isolation, also for the care of the mentally ill. Furthermore, it was apparent that the location was unfortunate.

Reconstruction was the only solution, and on another site. Farther upstream a spacious hilltop was procurable. So, instead of returning to his wife and child, who had remained in Europe, the Doctor, with the assistance of a small group of native workers, embarked upon his third building program.

The beginning of 1927 witnessed the removal of patients and equipment from the old quarters to the new. Among the improvements noted and admired were the wooden floors, which replaced those of dirt. Better lighting also was provided, and more effective ventilation. There were accommodations for some 250 patients and attendants, with isolation wards for dysentery and eight rooms for mental patients.

Once his native family had been provided with such satisfactory quarters, its future security must be assured. The hospital required a fund raiser. So, laying aside his trowel and mortar, and turning over his medical assignments to those who were qualified. Dr. Schweitzer started to travel.

Much of his time during the next ten years was spent in Europe, with intermittent periods in Lambaréné whenever his presence there was required. Through lectures and concert tours, he raised funds for his jungle hospital, and in his spare moments he wrote. Soon the world began to take cognizance of this medical missionary and philosopher.

All the while, too, the little hospital was growing. Gifts from interested friends brought new buildings and better facilities. The lepers, even, were being cared for in a building assigned to their needs exclusively.

More war clouds threatened, presaging World War II. The work of the hospital continued, but under severe handicaps and strain. Some of the nurses left and the burden of the work fell upon the Doctor and his two assistants, aided by Mrs. Schweitzer. It was tough going. Even today the Doctor keeps saying—"It was America that saved me during the middle of 1942." Indeed, without the drugs and other forms of assistance, it is difficult to determine precisely what would have happened.

This help from America, and Eng-

land, too, made it possible even to extend operations, which was highly essential because of the substantial increase in white patients. Laid low by malaria and deficiencies in diet, and worn out by physical and mental strain, they flocked to the hospital for treatment.

Today there are beds for twenty Europeans, but usually only six or eight of them are occupied. The work among the blacks increases constantly, however, as the news of "le grand docteur" has spread through the wilderness. By boat and foot come some 5000 men, women and children each year to this white man who possesses the mysterious gift of relieving pain.

It is more than a hospital they find. It is a community of which they become a part during their residence. It is practically self-sustaining, with workmen, who, under gentle compulsion, make rope for the hospital, shoes. denim clothes for the native staff, fish traps, and even try their hand at mattresses built from the kapok fiber.

"GOOD SENSE DICTATES"

Remindful of those years of ceaseless toil, Dr. Schweitzer was asked what suggestions he might have for other hospital people, particularly those who similarly must serve their communities in various capacities. The grand old man of the jungle hesitated and then, smiling, replied—"I don't know, but I've found that good sense generally dictates what must be done."

Despite frequent reference to his retiring, Dr. Schweitzer wants to get back to it all. He would spend the last years of his life fighting leprosy with the help that is now assured him. His work in Lambaréné does not constitute sacrifice as he regards sacrifice. There is no sacrifice in doing what we want to do for others.

Will the world repay gentleness with gentleness, permitting this "greatest of the great" to serve as he would serve each day in his crowded hospital corridors, ending his busy hours in the muted stillness of the African jungle, transcribing onto paper for the benefit of others his thoughts on religion and philosophy? It is all that Dr. Schweitzer would ask for himself.

"Every one of us has his particular task in this world to fulfill. The course of our life and our reflection will let us know the proper way of serving which has been destined for us."

Such is this great man's philosophy!

Left foreground shows the hospital, next, right, research building, new two-wing clinic building, and at far right the original three-story clinic building.

COMPLEX problems always are posed when a hospital or clinic decides on large scale additions to its physical plant. In the case of the Cleveland Clinic's recently completed expansion of working space and services, special and unusual considerations arose.

The clinic's \$3,000,000 building and remodeling project called for erection of two seven-story wings over the three-story clinic building and rearrangement of the adjoining Clinic Hospital to bring its bed total to 335—an increase of 30.

INTEGRATION A VITAL FACTOR

Work on the clinic addition began on Oct. 9, 1945. The stringency in procurement of building materials which existed at that time increased the difficulty of preserving throughout the construction period the closely knit relationship of clinic, hospital and research facilities.

Following the pattern outlined by the late Dr. George W. Crile and his clinic co-founders, clinic, hospital and research functions had become so thoroughly integrated since the clinic's founding in 1921 that expansion of the clinic examination and diagnostic section demanded corollary enlargement of hospital and research activities. A fourth clinic aim, the specialized training of medical fellows, was not immediately concerned with the building program but also is being expanded.

Physicians and departments were moved from the "old" clinic building at East 93d Street and Euclid Avenue to the adjacent and interconnected structure at 2020 East 93d as rapidly as floors were completed above the three-story basic structure. As the top floors were finished first, certain clinic activities for a time were in progress over the actual construction work.

The final stage is the remodeling of the first three floors of the clinic in which are patient interviewing, cash-



CLEVELAND CLINIC EXPANDS

WITHOUT DISLOCATION

ier's and record section offices. Both in the clinic and in the hospital much remodeling was devoted to increasing patient comfort, according to Clarence M. Taylor, executive director of the clinic.

EXAMINATION ROOMS ADDED

In the new clinic building now are 240 examining rooms and offices, a fifth floor laboratory, ophthalmology darkrooms in the north wing of the fourth floor, and a specially designed section in the north wing of the eighth floor for taking, developing and processing of electrocardiograms. This building is entirely air conditioned.

A large waiting room on each floor serves both wings of the clinic. In each lounge room soft, semiclassical music is played, being wired in from a central outlet in the city. This has proved popular with the patients. During the 1948 baseball World Series when broadcasts of the ball games were substituted for music, patients frequently asked for delay in their removal to examining rooms!

Another feature of the clinic building is the installation of mechanical lifts for x-ray films and for patients' histories. The record room is in the basement, and the completely automatic and continuous lift carries patients' records from the record room to the desired floor desk and from desks on one floor to desks on another, as desired. The x-ray lift, which is a separate "dumbwaiter" device, carries x-ray films from the unique radiologic department occupying the entire second floor to whatever clinical department is desired.

Heading the professional staff are Dr. A. C. Ernstene, who is chief of staff for medicine, and Dr. Thomas E. Jones, who is chief of staff for surgery. Enlargement of the clinic has allowed increase of its medical staff to its present 65 with more than 100 fellows, according to Dr. Edwin P. Jordan, director of education.

PATIENT CARE

When clinic construction started, it was necessary for the hospital management to keep pace with the expansion program with a graduate nursing staff hardly a third that of normal times, because of the demands of the armed services.







Top: Hostess on one of the hospital floors. Center: Waiting room on the ground floor. Bottom, left: One corner of the blood bank laboratory. Bottom, right: A typical nurses' station.

Optimum efficiency in hospital patient care was achieved by installing a hostess and housekeeper system designed to relieve nurses of many routine duties. In part, this was effected by assigning to hostesses and housekeepers the responsibility for reducing time between patient departure and entry.

Room service was made entirely responsible for setting up the patients unit, with the housekeeper each morning receiving a list of patients going home. This list was prepared by the hostesses who, after checking their respective records, notified housekeepers. To the hostesses was given responsibility for checking in each patient on receipt of clinic admitting records, for handling telephone calls and other messages, and for obtaining receipts for flower or other deliveries.

ADDITIONAL HOSTESS DUTIES

At the time of patient discharge the hostess, working under a head nurse who holds the title of Supervisor of Hostesses, is charged with establishing liaison with relatives, assisting in financial arrangements with the cashier's office, and otherwise facilitating clearance of bed or room units for the greatest convenience of both outgoing and incoming patients.

The nonprofessional staff was not added until 1942, but by judicious se-



The MODERN HOSPITAL

lection of mature, intelligent women, and with orientation discussions on the primary importance of "working for the patients, not the supervisor" and special attention to morale, it was found possible to meet the demands created as the clinic extension progressed.

Permanent hostesses in the hospital now number 20. Of these, 12 are 44 hour a week workers paid by the month and on duty from 8 a.m. to 4:30 p.m. Eight other hostesses work 36 hours a week and are paid by the hour.

Also added were temporary staff nurses who are on call "at their convenience." Training of 17 nurse's aides since the start of clinic construction also helped fill the personnel gap. The hospital executive staff is headed by Maynard H. Collier, who joined the clinic organization in 1948 and was appointed superintendent of the hospital early this year, succeeding Abbie I. Porter.

It is worthy of note that the Clinic Hospital has never shared in the funds received from the public by the Welfare Federation or the Greater Cleveland Hospital Building Fund. No part of the patient's tax dollar goes to this hospital.

RESEARCH FACILITIES GROW

Third of the basic sections affected by the expansion was that of the clinic research division, headed by Dr. Irvine H. Page. Here it was necessary to adjust to patient needs and to expand in a manner consistent with the aims of Dr. Crile and his founder-associates, Drs. Frank E. Bunts, William E. Lower, and John Phillips. In making this adjustment new equipment has been installed that includes an electron microscope, an x-ray diffraction experiment room, an ultra-centrifuge, and equipment for Tiselius electrophoresis measurements in the biophysics department headed by Dr. Otto Glasser.

Installation of an entirely new radiation laboratory, having a radon purifying pump of duplicate design to eliminate malfunctioning against the possibility of failure of one pump, was one of the important additions.

Extraordinary safety precautions were embodied in radium handling. These included elimination of handling steps and reduction of exposure below the one-tenth roentgen formerly accepted as tolerance for a working day in the emanation room. There now is no gross handling of radium and the pump itself is entirely automatic. A model electric locomotive, operated by remote

control, is used to haul capillaries over a 20 foot tract from the emanation chamber into an adjoining room where their strength is measured. The emanation unit includes a pump room, a control room in which pump observers are shielded by lead glass, a measuring room, and a calibration room, all located in the basement of the research building.

Both in achieving the end of increasing service to and comfort of patients, and in avoiding dislocation of the clinic's interrelated functions the expansion program has been a complete success, clinic planners say.

SIMPLIFIED PURCHASING RECORDS

for the small hospital

E. K. LONGLEY

Superintendent, Paulina Stearns Hospital, Ludington, Mich.

TO HAVE or not to have a per-petual inventory is a question which confronts the administrator of every very small hospital. In hospital circles it is common practice to refer to the small hospital as any institution of 100 beds or less, but the comments in this paper refer only to the very small hospital of 50 beds or less. It is written with the idea in mind that most of the persons who administer these small hospitals are also the purchasing agent, personnel director, public relations director, sometimes the director of nurses, and in their spare time do the housekeeping, gardening and some social service work. Regardless of the trends toward better organization, many of these duties still fall to the lot of the administrator of the very small hospital. It then becomes important to develop technics of doing things "the easy way" even though it may mean by-passing some of the procedures which are considered essential for the larger hospital.

In the very small hospital the administrator usually does all the purchasing, checks supplies as they are received, and issues all supplies on the basis of weekly requisitions. Because the administrator is in such close contact with all of these functions there is little need for any system of internal control. Most small hospital administrators soon develop the ability to remember what supplies they have in their storerooms. Whether or not this is a good habit is questionable and there is a limit as to how much

even hospital administrators can carry in their heads, so some form of purchasing records becomes necessary.

We have developed a purchasing record which consists of a separate sheet for each vendor with which the hospital has a regular account. These sheets have 12 columns, one for each month of the year, and also separate columns for the stock number, description of the article, current price and average monthly consumption. At the end of the month when all invoices have been checked and are ready for payment, all purchases made during the month are posted in the purchasing record. Inasmuch as the invoices are in alphabetical order and the purchasing record is set up in alphabetical order, the posting becomes a very simple matter, requiring about 20 or 30 minutes. With this record, the administrator has complete knowledge of all supplies purchased during the year, from whom they are purchased, and the price paid. As a result the average monthly consumption can soon be estimated. This is a separate record from the physical inventory which is taken at the end of the fiscal year.

We realize that many of our ideas and suggestions are unorthodox and will be questioned and disagreed with by many in the hospital field. We admit that for the larger hospital the perpetual inventory is essential but for the very small hospital of 50 beds or less we feel this system we have described to be entirely adequate.



Barnes Hospital has a plan

HARRY E. PANHORST Assistant Director, Barnes Hospital, St. Louis

life, many hospitals have undoubtedly begun to investigate very seriously the amount of protection the administration is giving to the hospitalized patient. In some municipalities, stringent control over hospital safety is even being advocated under local building codes.

In few other types of institutions are people so dependent upon the administration. Some are bedridden

S INCE the recent disastrous fire in and feeble, some blind or deaf or Illinois with its appalling loss of lame, and some are even mentally deficient. Some are aged and infirm. Regardless of what type of patients are in the institution, the responsibility for their safety rests squarely upon the shoulders of the administrator. Foolish indeed is the man who shrugs his shoulders and hopes such a disaster will never strike his own

> No matter how good the care of the sick or wounded may be, with-

out adequate protection, fire or disaster can render it worthless in one short catastrophic moment! The administrator cannot shelve any reasonable protective measure on the ground that it involves expense, because fire safety requires mostly intelligent thinking and action before the fire. If any hospital should have a serious fire, with the resultant stream of criticism, the administrator will have to answer many questions. And, if an investigation should occur, it would indeed be embarrassing if he should have to reply to a query: "we have no plan of fire control or patient evacuation."

In the spring of 1948, I compiled the following system of fire control and patient evacuation for the Barnes Hospital group. The program was initiated with excellent cooperation and participation from the chief and subsidiary personnel of the St. Louis Fire Department and from the Greater St. Louis Safety Council. Talks were presented to various departments that would be immediately concerned with the fire, such as nursing, maintenance and administration. Films were shown, actual incidents were discussed, and the operation of the various types of fire extinguishers was presented. These were used to launch the program and the plan was then distributed throughout the hospital and the discussion was carried on at the department head level. This same plan was presented before the Hospital Council of St. Louis on Jan. 11, 1949.

In October of 1948 the Greater St. Louis Safety Council held a Fire Brigade Contest at one of the local municipal stadiums. There were 13 contestants from industries, such as oil companies, newspapers, hotels and breweries. Barnes Hospital entered this contest and made an excellent

The thoughts expressed are certainly not conclusive. They are merely a means toward an end. By using these general thoughts, which we feel act as a stimulant, the protection afforded to our patients has geen greatly en-

hanced.



The telephone operators will have the responsibility of notifying the fire department, the director, the nursing office, ininterns, hospital floors, central supply and outlying buildings.

INSTRUCTIONS FOR "OPERATION FIRE"

TELEPHONE OFFICE

- 1. Notify fire department.
- 2. Notify director on duty.
- 3. Notify nursing office.
- 4. Interns:
- (a) Notify one intern in each of the interns' quarters who will arouse rest of men.
- Telephone office is to notify pertinent floors that cannot hear their public address system.
- 6. Notify central supply of the location of the fire.
- Notify outlying buildings (for information purpose only) of location of fire.

ACCOUNTING AND CASHIER'S OFFICE

- 1. In the accounting office all employes are to be evacuated and report to the labor pool in the personnel office.
- The head cashier is to see that all money and valuables are removed and placed in the safe of one of the adjoining hospitals.
- The cashier in the accounting office is to take charge of all the accounting office personnel and see that all of the financial books are removed.

ADMINISTRATION

- 1. Administrator on duty will proceed at once to the fire.
- Labor pool under control of personnel office will be at the disposal of the administrator in charge.
- Administrator in charge will designate a control officer. This officer will be the contact man for the administrator at the scene of the fire, and he will see that—
- (a) The telephones in superintenddent's and admitting offices are covered at all times
- (b) Two spotters are placed on the east and west ends of the block to guide the fire trucks in.
- (c) If operators are on the elevators, one person is assigned to accompany each operator. This person will have instructions covering actions

of the operator (on what floors to stop, what type of patient to evacuate) and he will help the operator enforce these orders.

- (d) Doctors' offices are notified in case of fire during the day.
- (e) Men from labor pool are dispatched to wherever help is needed in the hospital.

CREDIT DEPARTMENT

Records to be saved are:

Credit records of all inpatients, ledgers to bad debts, attorneys' and billing envelopes.

Personnel required to move these files available from the labor pool.

CENTRAL SUPPLY

- 1. During the day, head orderly will proceed to the scene of the fire.
- 2. All orderlies on duty will proceed immediately to the scene of the fire.
- 3. One orderly will make available for immediate use the litters and other needed equipment stored in the equipment room in central supply.

DIETARY DEPARTMENT

- 1. All dietary personnel are to report to their charge nurses.
- 2. All main kitchen and cafeteria personnel are to report to the personnel office.
- 3. All personnel in service building

quarters will take orders from head housekeeper, or her representative.

DRUGSTORE

- 1. All customers are to be evacuated through the front door.
- 2. All employes are to be sent to the labor pool.
- The cashier will remove the cash drawer and take it with her.

HOUSEKEEPING

- Elevator men will take instructions from designated authority, who will tell operators at what floor to stop and who will be taken on the elevators.
- 2. All housekeeping maids on the floors are to report to the nurse in charge of their respective divisions for further orders. All janitors and wall washers are to report to the labor pool in the personnel office.
- Suggestion: Wall washers could be used as directional men for the elevators under order of person taking charge of the fire.
- 4. Head housekeeper and her staff will report to the scene of the fire during the day, and at night will bring from the employes' quarters people who would be helpful in carrying out various duties that might be assigned to them.
- 5. Head housekeeper or her assistant will also be responsible for clearing



Formulating the plan. Right: Reyburn Hoffman, secretarymanager, Safety Council of Greater St. Louis; center: Chief Walter Kammann, St. Louis fire marshal: left: Mr. Panhorst.



The fire marshal explains the carbon dioxide extinguisher and its uses to nurses in the hospital.

out the sleeping employes in the employes' quarters. The majority of the people living in the quarters are dietary personnel, but they have received instructions to take orders from the housekeeping department in case of fire during the night.

LABORATORIES

All personnel will be evacuated through corridors or down fire escape.
 All personnel from this office

All personnel from this office will report to labor pool in personnel office for further assignments.

ADJOINING EAR, EYE, NOSE AND THROAT HOSPITAL

1. The salient factor in the evacuation of this particular hospital is in the control of the elevators. This is highly important. They are to be used for bringing down the bedridden patients only. From the fourth floor down, the patients can be walked down the enclosed fire escape. This will leave the elevators clear for evacuating floors five, six and seven. During the day there is sufficient personnel present to operate the elevators. On the evening shift, the admitting personnel plus the admitting personnel from the adjoining maternity hospital will man the elevators. From 11 p.m. to 7 a.m. (the shift on which coverage is at a minimum) the night watchman from the maternity hospital and a nurse from the delivery room will come to the adjoining ear, eye, nose and throat hospital to operate the elevators. The night and evening supervisors in both hospitals are alerted and ready to cooperate with each other in case of fire

by sending any available nursing personnel to aid each other.

2. The floor "five-North" is to be given priority on any elevator service because of the eye patients, such as those with detached retinas, on this particular part of the division.

 Interns will walk down the fire escape from their various quarters to the floor where the fire is. (The reason for having them walk is that they will not tie up the elevators.)

4. In case of the neuropsychiatric patients on the thirteenth floor, the occupational therapist on duty, aided by the attendants, will lead the patients down the enclosed fire escape.

ADJOINING MATERNITY HOSPITAL

 Upon being notified by the telephone office, the information desk is to notify the nursing supervisor and interns' quarters immediately.

The supervisor will alert all floors immediately.

In case evacuation is necessary, the charge nurse is to tell the patients that there is a fire in an adjacent building and the floor is being evacuated as a safety measure.

4. Turn off all oxygen on the floor. (If no flame is noticed, and a life may be endangered by shutting off the oxygen, the nurse will have to use her own discretion and keep the oxygen on as long as she deems advisable.)

5. Close all open windows.

 Give each patient a wet towel.
 Fach mother will leave the floor carrying her own baby.

8. The nurse in charge of the nursery is to lead the way down the fire

escape. The floor nurse will line up the mothers and hand out the babies from the nursery. The supervisor will be on hand to assist in this, as will the attendant on the floor.

9. Handling of the elevators will again be the pertinent factor in this hospital as well as in others in this center. During the day there are plenty of personnel available to handle this situation. From 3 p.m. until 11 p.m., the person in the admitting office plus one from the adjoining ear, eye, nose and throat hospital, and one of the nurses from the delivery room will operate the three elevators. From 11 p.m. to 6 a.m. the night orderly and two nurses from the delivery floor will operate the elevators.

10. Elevators will not take ambulatory patients until all bedridden patients have been removed. Strictly bedridden patients will be carried by blankets or sheets to the elevators. In obstetric cases, the mother will be given her own baby. Incubator (premature babies) will be put on the service elevator. (Two babies can be put in one incubator.) Small oxygen tank is to be put on lower shelf and taped to keep it in place. Other premature babies are to be placed two to a crib and sent down on the service elevator.

11. Assembly area for the evacuated personnel is to be on the first floor of the clinic.

12. Patients from the delivery floor will be taken directly to Room 1747 (obstetrics and gynecology clinic) where the doctors can continue to assist in the delivery. The key for this door is labeled and is kept in the drawer of the secretary's desk in the nursing office.

13. The information desk is to call the anesthetists who are sleeping on the third floor and they will report to the supervisor of the delivery room. The evening and night supervisors of this hospital and the adjoining ear, eye, nose and throat hospital will work with each other, and send aid to each other if the situation should so demand.

A Barnes Hospital employe demonstrates his skill at the Fire Brigade contest held last October.

14. Records to be saved are credit records of inpatients, ledgers (current and installment) and credit records of all discharged patients which are located in the wood file immediately to the left of the entrance into the credit office.

MAINTENANCE DEPARTMENT

 First two men available will proceed to the scene of the fire taking along extinguishers.

Telephone in maintenance office is to be covered at all times.

A plumber, steamfitter, and an electrician will proceed to the scene of the fire but the remainder of the men will wait for any call that may come in.

NURSING DIVISION

1. Notify switchboard there is a fire, what is on fire, and where it is located.

Call maintenance shop and state what is on fire and where blaze is located (in what room).

 Norify patients there is a small fire in an adjacent building and that the floor is being evacuated as a safety measure.

4. Turn off all oxygen on the floor. (If no flame is noticed, and a life may be endangered by shutting off the oxygen supply, the nurse on floor will have to use her own discretion and keep the oxygen on as long as she deems advisable.)

5. Close all open windows.

6. Give each patient a wet towel.
7. Ambulatory patients are to start to the fire escape. These people will have to be led out. (Suggestion: a kitchen maid, an attendant or some

other member of the auxiliary staff can do this.)

8. All bedridden patients are to be wrapped in blankets and dragged to either the fire escape or the elevator.

 The ranking doctor who first arrives on the floor will take charge of evacuation, cooperating, of course, with the charge nurse.



NURSING SCHOOL

1. All nurses who are in the nurses' residence will, upon being notified of a fire, report to the division or department to which they are assigned.

The nurses' residence has its own evacuation plan and it will not be of primary concern to this hospital

enter.

 The main floor of the nurses' residence can be used as an assembly area for patients who might have to be evacuated from any of the hospital areas.

OPERATING ROOM

The probability that a fire would break out involving all of the operating rooms simultaneously is remote. Therefore, the following is suggested: (based on the idea that one operating room would have to be evacuated): The operating table, patient, instruments, anesthetizing machine could be moved as a unit to one of two places-into either the hallway on the adjacent nursing division or the adjacent cystoscopy area in the adjoining x-ray building. The latter is preferable because of more daylight and, in case of a conflagration, the fire doors between the two buildings could be closed. In case several or all rooms had to be evacuated, the same procedure could be used.

PERSONNEL

1. All file cabinets contain employes' records and, if possible, should be saved, but the first cabinet is the most important because it contains all pertinent personnel records.

2. From the overage of personnel

in the various departments a labor pool will be formed in this office. This pool will be under the control of the head personnel officer who will act as a dispatcher in sending manpower anywhere it is needed in the hospital. The request, however, should clear through the control officer (designated by the administrator in charge).

PHARMACY

1. This particular department has sufficient avenues of escape and no particular hazard is involved.

2. All of the alcohol and narcotic records are so located that they can be carried upstairs or downstairs.

3. The supply of narcotics on the divisions might need replenishing in case of a heavy drain resulting from an emergency. These are available on instant call by the head of the pharmacy or some of her supervisory personnel that is on duty at all hours.

 Routes of evacuation are such that all personnel can be evacuated without any danger. In case of emergency, all pharmacy personnel will remain under supervision of head of pharmacy.

SOCIAL SERVICE

Personnel of this department will report to the labor pool for further assignments.

STOREROOM

Personnel in the storeroom will be available for call by either central supply or the carpenter shop at first priorities. Any overage will report to the labor pool.



PRESENTED annually to the contributor whose article is judged most valuable to the hospital field, The MODERN HOSPITAL Award this year will carry with it a gold medal and certificate (see cut) which have been redesigned to conform in style to the new format of the magazine.

The winner of this year's Award will be announced in The MODERN HOSPITAL for October. The winner will be presented with the certificate shown here and a gold medal similar in design to the seal that is embossed on the certificate. An honorable mention certificate and silver medal will be given to the author of the article named as runner-up by the judges-a committee of leading hospital authorities who review articles each year and make their selection on the basis of value to the field, originality, practicality, breadth of application, and quality of expression.

The MODERN HOSPITAL Award was first given in 1941; the winner that year was Dr. Lucius Johnson, whose article appearing in the December 1940 MODERN HOSPITAL prophetically outlined a plan to protect hospitals against air raid damage.

Eligible for consideration are all original articles published in The MODERN HOSPITAL which have not previously appeared in other magazines or have not been presented as convention papers. Articles may range from a few paragraphs to several magazine pages and, on at least one occasion, the Award was made on the basis of a series of articles published in several consecutive issues of the magazine.

Award rules specify that "any person employed in a hospital or interested in some aspect of hospital work" is eligible to compete, with the exception of MODERN HOSPITAL employes

The MODERN HOSPITAL AWARD

and members of their families, members of this magazine's editorial board and editorial consultants. The "contest year" begins with the July issue each year and concludes the following large.

While the judges are to use their own discretion in granting the awards," according to the official rules of the competition, "the suggested basis of award is as follows: Intrinsic Value-How much improvement in hospital service does the idea promise? How significant is this improvement? Originality-Is this an entirely new idea? Is it a new synthesis of existing ideas? Is it a new and stimulating aspect of an old idea? Practicality-How much time, effort and money are required to put this idea into effect? Will it involve extensive retraining of personnel? Do the benefits exceed the obstacles? Application-Is the suggestion applicable to large and to small general hospitals? To special hospitals? In all parts of the U.S. and Canada? Will it help to improve service to all or a substantial number of hospital patients? Quality of Expression-Is the thought expressed clearly, succinctly and forcefully?

Dr. Arthur C. Bachmeyer, director of the University of Chicago clinics and chairman of the editorial board of The MODERN HOSPITAL, has been chairman of the Award committee since the competition was first held in 1941. Other members of the judging group, all members or consultants of The MODERN HOSPITAL editorial board, are Dr. Robin C. Buerki, Dr. Basil C. MacLean and William J.

Donnelly.

CONSENT FOR OPERATION

a protection or a risk?

JOSEPH TURNER, M.D.*
New York City

T IS the practice in the Mount Sinai Hospital, New York City, to obtain written consent for operation in service cases only in the case of (1) minors admitted to the children's surgical wards; (2) patients originally admitted to a medical ward in the expectation that they were to be treated medically, but subsequently found to be in need of a surgical operation, and therefore transferred to a surgical ward, and (3) patients requiring mutilating operations which would result in permanent loss of body tissue and change of body function, such as enucleation of an eye, amputation, permanent colostomy, sterilization.

CONSENT OF GUARDIAN NEEDED

In the case of a minor, the consent of the parent or guardian is required under certain laws, and it is desirable to have this consent in a form which cannot be disputed. In the case of adult patients originally admitted to a medical ward, it is thought best to obtain written consent to protect the hospital in the event that the patient should later claim that admission had been sought only for a nonoperative condition and consent for operation had not been given. But it has not been the practice of the hospital to obtain written consent for operation when an adult patient applies for, and is admitted directly to, a surgical ward in which all of the patients are surgical cases, the ward staff members in charge are surgeons, and the whole function of the ward is plainly surgical.

No consent for operation is sought from any patient admitted as a private patient of a staff member to a private or a semiprivate room. No trouble has ever resulted.

The practice of obtaining written consent for every operation prevails in many hospitals. This fact is of interest but it is no proof that this is the most satisfactory way to afford protection to

the hospital and its staff. Many hospital practices are purely traditional and are followed year after year without review and without clear understanding of the reasons they persist or of the needs they fulfill. An analysis of the situation as it exists today would pave the way to the adoption of simpler methods, which would still offer modern hospitals a full measure of protection.

I am myself a graduate of the house staff of a hospital where it was routine to obtain written permissions on admission. There were, of course, the inevitable occasional lapses. The consent form gave broad blanket authority to any of the doctors of the hospital to perform any surgical operation or procedure which in their opinion was indicated. If the paper were literally construed, the patient would seem to be signing away practically every right to redress for injury that might result from an operation. Nevertheless, while I cannot claim familiarity with law, I have been told by my lawyer friends that no individual can legally sign away his real rights and void the protection which the laws give him, and that a written consent in itself does not permit a second party to do injury or commit any unlawful act against the signer.

As regards the basic position of the hospital, it is my belief that the application of an adult patient for admission for treatment of an illness which requires surgical interference is prima facie evidence of his willingness to have an operation performed, and that it is not desirable to complicate matters and perhaps, at times, to delay operation on a patient in urgent need of attention by increasing the formalities incidental to admission. The courts, in my opinion, are hardly likely to question the right of a hospital surgeon to operate upon an adult patient who voluntarily seeks admission for surgical treatment.

If one makes it a practice to obtain written consent from these "run of the mill" patients, difficulty will in some instances be encountered because of the patient's physical and mental condition. Thus it may be necessary in emergencies to operate without waiting for written consent, regardless of any rule which may be promulgated. In case of dispute thereafter, the patient then might point to the fact that the general practice of the hospital was to obtain consent and claim that the absence of written consent in his case was presumptive evidence that consent for operation was not given or intended. On the other hand, if adult surgical patients are regularly admitted without the formality of written consent, the hospital will always be able, if dispute arises, to point out that the practice of the hospital is to take consent for granted. It could show that this practice is reasonable and could consistently argue that there is no need to obtain written consent when the circumstances indicate that the purpose of a patient in coming to the hospital is to seek relief from illness by surgical

NEEDLESS COMPLICATIONS

Some of my lawyer friends have referred to what may be called "intent." The patient's intent here is clearly to seek relief from illness: his acceptance of admission to a surgical ward indicates his willingness to be treated surgically. To require further evidence of his intent and to ask for a formal written authorization would be to complicate what seems to me a very simple matter. If the patient should later claim that he had not given consent to a specific surgical procedure, the blanket authorization might at any rate not be sufficient protection. My experiences with other forms of written consent are in point here: the written consent for a necropsy, even though very broadly written, has not itself always been sufficient protection against liability for complaints con-

^{*}Dr. Turner until recently was director of Mount Sinai Hospital, New York City; now is consultant to its board of trustees.

cerning certain acts on the part of the

pathologist.

Those who argue for written consent might be asked whether they hold that the surgeon is sufficiently protected by a written blanket consent to do any operation which he considers necessary without further consultation with the patient. Would it be enough in cases where a surgeon enucleates an eye, amputates a limb, makes a permanent colostomy, or does any surgical procedure which is mutilating and permanent in character? Could not a patient under such circumstances rightfully claim that he was not informed of the character of the operation, that he thought he was signing for something else? Would not the surgeon then still be liable to suit? Would one not have to come back to the question of

While our practice has never been tested in court, tens of thousands of patients have been operated upon without written consent. There have been the very rare occasions when the point was raised that consent had not been signed, but no action was ever undertaken after the hospital's position was made known to inquirers and to their legal advisers.

If a patient should sue and deny having given consent for operation, he would find it difficult, it seems to me, to explain convincingly how he came to accept admission to a surgical ward where operations are performed daily, without knowing of and consenting to the possibility or indeed probability of operative treatment on himself.

Could he have entered into discussion of his illness with members of the visiting staff, could he have been taken to the operating room, could he have begun the anesthetic, with no realization of what was going forward, and with complete absence of "consent" on his part?

I am referring here, of course, to properly indicated surgical procedures, for a written consent in itself would not protect the surgeon for an operation improperly or negligently performed. Even when written consent has been obtained, the surgeon who operates over the later objection of a patient before operation subjects himself to the risk of a suit.

Moreover, even if the routine prescribes written consents, it is inevitable (human fallibility being what it is) that there will be some cases in which the papers are not properly executed. The omission of the signature can then be considered presumptive evidence of a patient's refusal to give consent; so that the surgeon who operates, relying upon others to obtain operative consent without checking back himself (this has been known to happen), leaves himself open to a suit.

The question has been reviewed several times in the past and can never be considered entirely closed. The most recent review was made in 1946 by a committee of seven prominent lawyers practicing in New York City. The following is extracted from its report:

"The matter was thoroughly discussed. The committee had before it various memoranda on this same question, which had come up periodically. . . . The committee with one dissent came to the conclusion that the hospital should not get written consents to operations from either private patients or in the wards.

"At the present time the law is clear that the liability for an unauthorized operation is the doctor's liability and not that of the hospital. This was held in Schloendorff v. New York Hospital (Court of Appeals) and is still the law. The case holds that the relation between a hospital and its physician is not that of master and servant. The hospital does not undertake to act through the doctors but merely to procure them to act upon their own responsibility. The Court further pointed out that there is no distinction between the cases where the operation is performed by visiting or resident physicians. Thus the exemption is present whether the patient be in the private pavilion with his own doctor or in the wards with the services of a staff doctor. The doctor, however, who performs an authorized operation is per-Sonally liable.

"Although many other hospitals receive written consent in all operative cases, the practice of our hospital has been strongly defended by Dr. Turner. He points out that due to human fallibility instances may arise where written consent, if required, might be overlooked by a clerk or such other minor employe entrusted with the procuring of such written consents. Where there has been no course of practice requiring written consent, no inference arises from the failure to obtain the same; but a strong inference might arise in the exceptional case where written consent was overlooked. Furthermore, a broad general consent in writing might be no protection against a claim that the specific operation performed was unauthorized or that the operation went beyond the terms of the consent."

While holding to the foregoing opinion, the committee considered it nevertheless the better part of wisdom to provide against the remote possibility of suit by some ill-advised partient. To cover this eventuality, the hospital's insurance policies on liability and malpractice now include a clause that protection "shall apply to any claim or suit brought against the insured by reason of an operation performed or alleged to have been performed without the consent of the patient."

INTERNSHIPS FOR HOUSEKEEPERS

EXECUTIVE housekeepers of the future will serve an internship before going out "on their own," if the pattern set at Overlook Hospital, Summit, N.J., is followed by other institutions.

Frances Penfield, executive house-keeper at Overlook, introduced the idea of internships for housekeepers in a paper presented at the clinical congress of the American College of Surgeons last fall. In her address, which was made at the request of Dr. Malcolm T. MacEachern, Miss Penfield pointed out that with more trained personnel in the housekeeping field, nurses could be relieved from many assignments which should come under the housekeeping department.

The two interns currently in train-

ing are Mrs. Mildred Matheson, former hotel housekeeper, and Faith Howard, who was previously a linen room supervisor. Throughout their six-month program, they will work six days a week from 8 a.m. to 4 p.m. About three hours daily are spent in lectures given by Miss Penfield and the remainder of the time is devoted to learning "on the floor."

The interns will be given a complete background in all phases of hospital housekeeping, including management of personnel, job analysis, time studies, departmental relationships and supplies.

The hospital's ultimate aim is to take on one intern each month for six-month periods so that six women are always in training.



POLLY RYON MEMORIAL HOSPITAL, RICHMOND, TEX., 51 BEDS-WHITE AND NEGRO.

PROBLEMS IN SMALL HOSPITAL DESIGN

THE small hospital presents its own set of problems because the size, budget and program requirements assume such varying proportions. In the large hospital, when the bed count is set, a whole group of associated services follows. Not so in the small hospital, which is a personal matter between the doctor, the board or the sponsor and the architect. Therefore, it is perfectly natural for us to inquire:

WHAT IS A SMALL HOSPITAL?

Some set the lower limit at 50 beds, since they argue that 50 beds represents the approximate beginning point at which a small hospital may be expected to pay its own way. However, suppose Dr. X really wants 17 beds, and how well he can sustain his request when he stoutly insists that there is also a real need for this size hospital! To an architect who has been doing 300 bed hospitals, a 50 bed unit seems small: but to an architect who had been trying to design 50 bed hospitals that will pay their own way, 17 beds is indeed small. Therefore, we shall limit our discussion to any hospital up to 50 beds for the purposes of this paper.

WHAT IS A SUCCESSFUL HOSPITAL?

If hospitals are economically sound, over and above their proved service to humanity, almost anyone will agree WALTER T. ROLFE Golemon and Rolfe Architects Houston, Tex.

they are successful. All of us know of at least one example of a very small hospital that has been in existence for many years and which has paid its own way. Partly it has done so because it was located in a community that fully supported it as it deserved to be supported. The small hospital, to be successful, must be used and its bills and obligations must be paid. A friendly hospital has a greater chance of success than an unfriendly one. This means that the attitude of the staff and doctors, as well as the more abstract environment created by the architect, must be attractive and spiritually friendly. Growing out of this friendly relation with the community, the small hospital should and can occupy a unique rôle in the social life of its immediate region.

It is also possible to have a successful hospital that serves the region satisfactorily and that provides a health program that is challenging and adequate, without the hospital's being able to pay its way entirely. Of course, such a situation immediately requires the aid of endowment, gifts or outside contributions that will help the community contribute to the operation of its hospital while absorbing its own operating loss. In the present high-

priced building situation some communities are responding well to this mutual aid program in the interest of community health.

We should recall the history of the small hospital after the close of World War I. Many rural communities were without proper hospitals and many small hospitals were built-only to find that after they were built they still were confronted with the real problem of financing their operation. Many of these small hospitals failed and were closed. The tragedy of the small community's not being able to receive adequate hospital services has lingered on in our memories, and we may now be repeating this experience by building many small hospitals throughout our land.

With government aid to the extent of approximately one-third of the construction budget, it may be possible for these small buildings to pay their way. But it is important for all local staffs to realize that the operations budget is, indeed, the difficult one to maintain when the bed count is exceedingly low. It is important for us to know exactly the point at which the small hospital, operating entirely on its own funds, can begin to be selfsustaining. The answer to the question has a definite bearing on the building areas assigned for income purposes against those that receive no income whatever. Obviously, the larger the income area, with respect to the non-

Condensed from a paper presented at the Texas Hospital Association meeting, 1949.



Perspective of early design for Galveston County Hospital, La Marque, Tex., in association with Charles L. Zwiener; 100 beds—white and Negro.

paying area, the more nearly does the hospital become a successful enterprise and, *ipso facto*, the architect a successful architect in the individual situation.

THE SMALL HOSPITAL IN THE COMMUNITY HEALTH PROGRAM

There has been a changing concept of the function of the small hospital slowly evolving in our national planning and thinking. In the distant and recent past the hospital often was just a building in which patients were given medical and surgical care. The needs of the community were not carefully measured and reflected in the building program. Today it is more and more agreed that the small hospital should be the end result of a program of community health growing out of a comprehensive survey of regional needs. This means that the inpatients as well as the outpatients are carefully balanced in the services of the hospital and that the bospital truly becomes a health center rather than a mere building for patients.

THE ARCHITECT'S PROBLEMS

The realistic architect, capable of seeing the community as a whole, realizes the importance of being able to create a building environment that is adequate for the needs of the area. He knows this building environment must be built in the budget provided to serve adequately the needs of those who need medical care. He well knows that for his hospital to be successful he must provide for all the needs his area requires, either through the small hospital itself, or through an association of a small hospital with a larger institution which can more readily provide the specialized services not usually provided by the small hospital. The architect knows that the budget

provided for the building is only a part of the cost of the finished project. After the building is built it must be maintained and operated. Particularly is it true in the small hospital that maintenance should be made as simple as possible and the operation as practical and as effective as good planning will permit.

The architect has passed through a trying period since the war ended. His efforts to determine what buildings should cost and what they would cost have often amounted to astonishing frustration. In the rising market that marked the period immediately following the war, prices were rising faster than estimates provided and the architect was embarrassed because his buildings cost more than he had estimated. The architect who was a good business man did not wish to seem too pessimistic about costs and therefore attempted to figure as closely as possible the actual over-all building expenditure. Cost-plus contracts were the only way contractors could safely bid a job and therefore all the risk had to be assumed by the owner. This was true in almost all hospital building operations and was not reserved for the small hospital alone. Since that time, however, bidding has been more spirited and competitive. Firm bids and lump sum contracts properly bonded have been the order of the day in our immediate region for at least the last

We have recently built good 50 bed hospitals for less than \$12,000 a bed, including all costs, and usually fine ones for only a small amount over this figure. Of course, in the 20 bed or other small hospital, the fraction of income space changes with the omission of the laundry and other larger hospital services. Some 20 bed hos-

pitals have to be built for as little as \$2500 a bed. Then the problem is acute.

A unit cost per bed, as well as almost any other unit cost, is not an accurate way of measuring the actual cost of buildings. For instance, a larger and more standardized 100 bed hospital can be designed with ample provisions for all departments in a floor area of approximately 67,000 square feet. It is also possible to design the same hospital and give adequate although smaller space assignments for a total of 44,000 square feet-or nearly 25 per cent less actual volume of building. Some of the excessive unit costs per bed, it seems to me, are traceable to the provision of more ample floor area services than many budgets can actually permit. It seems to me that the ideal in a hospital, large or small, is to provide exactly the space needed. This sounds simple but is not easy to draw on paper.

Too much space is costly, and too little space destroys the good functioning and operation of the building but can we ever agree as to what these optimum sizes really are?

The materials of construction of the small hospital are very important. If the building is to be built where the elements are stern and difficult to control, completely waterproofed walls and roofs must be provided. This means that a higher level of construction and a higher quality of materials are essential. Easy maintenance and operation of the hospital require interior finishes that are simple to keep but which usually require a higher first cost.

As architects, we feel there are times when it is cheaper to use the better material and particularly one that requires less maintenance, upkeep and service. It is also practical to use materials that can be serviced by a simple operation.

There is a constant weighing of budget against material in the office of the architect and it is no wonder that it is so difficult for him to be sure of costs when the slightest change in policy on the part of anyone connected with the hospital can change the cost of the building.

In budgeting the program of the small hospital, we feel it is highly desirable to discover all the needs that should be considered in the total program. There are times when the architect is not consulted on the total program, and therefore he is placed at an extreme disadvantage in giving the

owner the maximum service he is capable of rendering. There should be complete coordination among the one who is to administer the hospital, the owner or board, and the architect if the total program is to be complete and realistic. We prefer to set up a building budget for:

- 1. The site.
- 2. The building proper.
- Grading, drainage, landscaping, drives, walks.
- Equipment, other than that fixed by building, plumbing, mechanical or electrical services.
- Service extensions from existing locations.
- 6. Architect's fees—including engineers'.

These items occur in most building programs but have to do largely with the building environment only. In addition to this budget is the equipment and operations budget which has to do with equipping, staffing and operating the hospital. Both budgets should be carefully considered together, in order that neither one nor the other will be overemphasized or underemphasized. It is at this point that administration and architectural services should be united and developed as a whole.

Building, site, equipment and operations costs must be carefully balanced against expected and actual income long before the building program is approved. The too many intangibles cause the high mortality of small as well as large hospital operations.

Relative to the building budget, the question often arises as to what equipment items are a logical cost to the building. It has been our policy to include all items that are built in or attached to the building by plumbing, electrical or other physical connections. These are included in the contract and the architect's fee should be paid on them because he has had to design the space that houses them, coordinate location and engineering on architect's drawings and check shop drawings on them. It is embarrassing to the architect to have these removed from the contract because the owner does not understand that they have cost him money to include them in his plans and thinking, that he has paid engineering fees on them and must take the loss unless he is paid.

Mention should be made of architect's fees and what they include. The public often misunderstands or simply does not understand the practice of



Perspective of St. Francis Cabrini Hospital, Alexandria, La.; 175 beds now; designed for eight stories and 300 beds ultimately—white and Negro.

architecture. The American Institute of Architects suggests that a minimum recommended fee be established in the regions throughout the country. In parts of Texas, 6 per cent has come to be accepted as this minimum recommended fee. Particularly for small hospitals this fee is too small. It should be at least 8 per cent, when we realize that the men who merely sell buildings receive 5 per cent for the small fraction of time they spend on the selling operation as compared with the time the architect must spend in creating the building.

The small hospital needs the services of an architect, but some architectural organizations cannot afford to attempt to do buildings in this class and pay competent engineers out of a 6 per cent fee. Any thinking person who knows that the architect must obtain site information, help to establish a program, design the building, completely draw it and detail it in working drawings, write the specifications, call for bids, let the contracts, supervise the contracts over the entire construction period, issue certificates of payment, in addition to paying for engineers' fees, can quickly realize the plight of the small hospital and the architect, unless a more equitable fee is available and paid. It is the feeling in our office that all hospitals should require an 8 per cent fee and smaller ones probably from 8 to 10 per cent depending on their location and complexity.

The program of the hospital is one of its most important considerations. By program we refer to the needs of the hospital, the way it is to operate, its function in the community, its budget both for building and for operation. Once the program has been well defined and clearly analyzed, the archi-

tect has a much clearer concept of his responsibility, and from a good program he has a much better chance of designing a first class building.

Growing out of a good program come the architectural expression and character which will be seen by everybody. Good design means simplicity in planning, economy of space and effective functioning-all coordinated in a pleasing environment. Rising from these fundamental needs comes an actual architectural expression that should be straight-forward, simple and architecturally stimulating. Hospitals of any kind should not be forced into a building environment that does not reflect the progressive nature of medicine, the striking cleanliness of health, and a happy environment for human beings, over and beyond mere building.

There is always a list of program policy items that confronts the architect and usually is settled by either the local doctor, the budget, the architect or all three. We include a few of them below:

- 1. The proper grouping and functional segregation of the services of nursing, surgery, obstetrical care, food preparation and service, emergency care and administration.
- Bedroom sizes should be adequate for two beds although they may be used for one some of the time. Large wards are not as desirable as semiprivate rooms but may be a necessity for economy reasons.
- 3. Private or semiprivate toilets are splendid, but who pays for them? Lavatories in individual rooms are desirable also, but are often ruled out by the budget. We often compromise by having a few of them, as economics permit.
- 4. Separate surgery and OB areas and avoid the danger of contamination.

5. Formulas should be made up in an area that is removed from the food preparation center. In the small hospital, the formula room can be small and adjacent to, but separated from, the small nursery. Sterilization of bottles can be accomplished in the central sterilization room but the bottles must be carefully transferred to filling and refrigeration areas.

6. Substerile areas can be eliminated only if central sterilization is close and available. In the mid-sized small hospital, the sterilization and work center can separate the small surgery and obstetrical departments but must be

carefully controlled.

In the very small hospital, the kitchen must become almost a residence kitchen in size and function.

8. The nursery should be located where it can be most easily controlled. It is for the babies, and while fathers must see their offspring, that is as far as it should go. We must not forget that nurseries may, one future day, give way to individual room care with the mother.

9. The plan of the very small hospital should revolve around central control by the smallest possible staff, day and night. Services should be grouped by functions and arranged so they have common control centers.

10. On-the-site parking and sheltered entrance and exitway.

11. Lighting provided where needed and of kind and intensity required. Remove the night light from the patients' eyes.

12. Room windows of strip versus wall-hole variety. Use of directional block for diffusion.

 Elimination of light contrasts and resulting nerve strain of workers and patients.

THE HOSPITAL SITE AND ITS

There is a stronger trend in our country for the planning-minded architect to be drawn into the hospital program much earlier than in the past. Formerly it was the policy of the hospital board or owner to buy a site and then to build a building either with or without benefit of architectural clergy. We can see the unfortunate results.

Our concept of a hospital, small or large, is that it should be no monument to anyone or anything, except a nobler service to humanity. There have been too many instances in the past when the building itself was glorified to such an extent that the budget for building was overemphasized at the expense of the budget for operation. The modern or contemporary concept of architecture proceeds from the theory that function and use control design, but the design does not have to be stereotyped on account of this discipline.

Rather, because of this discipline, the resulting building should be pleasing in form as well as in function. It should do its work well. It should be of such materials that maintenance is low. It should be sufficiently well constructed to last an adequate time. It should be properly related to the plan of the entire community and should have some contribution to make to the healthy life of all people in that community.

A hospital is of little value if it has been so planned that people cannot use it; or if the environment surrounding it is such that people are discouraged from using it. To the architect, the successful small hospital is another freedom in the life of human beings—their right to live a healthy, wholesome life. All human beings have this inalienable right, and our concept of planning should be such that we can help them to receive this further benefit of democracy.

Ambulance for Prematures

A N AMBULANCE especially equipped to carry prematurely born babies in heated incubators to hospitals—first of its kind in the United States—was put into service in Detroit during April, Dr. Joseph G. Molner, deputy commissioner of the Detroit Department of Health, announced.

It will be used to remove premature babies from a home or from a hospital that is not equipped to give them the specialized care they require to a hospital that has facilities for their special care. The ambulance will be available to all Detroit hospitals and physicians.

The ambulance is a "carryall suburban" with an all-metal body on a lighttruck chassis. Special equipment was installed before the vehicle was sold to the state of Michigan. The state, in turn, is lending the vehicle to the city of Detroit. It will be operated by the City of Detroit Ambulance Service at the Receiving Hospital.



Infant is transported to the hospital in Detroit Health Department's special baby ambulance.

The Detroit Department of Health is cooperating in this venture with Receiving Hospital, Children's Hospital of Michigan, and other hospitals in an attempt to save a greater number of lives of premature babies.

"There is a much greater risk of illness and death to babies born prematurely than to other infants," said Dr. Molner. In Detroit so far this year, 383 babies have died, and 163 of these deaths were from causes related to prematurity.

"By removing premature babies to hospitals in this special ambulance, we believe that the death rate will be greatly lowered."

The ambulance has a front seat for a driver and doctor, and a collapsible seat in the rear for a nurse. Fitted in the rear compartment are two cored foam rubber supports for incubators, and special equipment to convert the car's regular electric current to two 110 volt alternating current circuits, and provision for two regular wall outlets. This arrangement is necessary so that the incubator's heating unit can be plugged in first at a home, then in the ambulance and again at the hospital immediately upon arrival.

Other special equipment includes racks for oxygen tanks, a roof ventilator and a special blower system to carry oxygen and air out of the passenger compartment. The ambulance also is equipped with a siren and red flasher light, a fresh-air heater and defroster; special shock absorbers on front and rear wheels and low-pressure tires make riding qualities easier.

When the Hospital Meets the Press



NOT long ago, a city official walked into a large metropolitan hospital where he formerly had been a patient, went into a washroom and killed himself with a revolver.

The hospital's new public relations director immediately turned reporter and, with the aid of police, obtained complete information about the case. He then telephoned the city desk of each newspaper and gave a detailed account of the event. The story appeared on the front pages, of course. The main points to be remembered, however, are these: the story was handled accurately by each paper with no discredit to the hospital; and the public relations director had demonstrated the nospital's desire to cooperate with

Said the city editor of one of the morning dailies, "This is the first time in all my experience that a hospital has ever called us voluntarily on such a story."

HOSPITALS HEAD THE LIST

Hospital press relations in cities where there are daily newspapers is the source of numerous problems and headaches. Some hospitals have long ago given up any attempt at maintaining even a semblance of press relations. Likewise, there are newspapers whose blacklists are headed by the community's largest hospitals.

Why do some hospital administrators grow red in the face and sputter when they hear that reporters or photographers are in the building? Why do city editors become apoplectic on the subject of so-called hospital public relations offices?

Whenever mistrust and downright enmity exist between the two, chances are that some bitter experiences lie at the root of the trouble. Perhaps it was a newspaper which broke faith with the hospital by printing a doctor's name despite a specific request not to; or a photographer who broke into the emergency room and snapped a picture contrary to the hospital's wishes. It doesn't take many experiences like these to make a hospital hang out the "Newspapermen Not Wanted" sign.

they can start a feud—or a sensible working relationship, depending on how intelligent and cooperative both sides are

> SCOTT JONES Chicago

On the other hand, it is a common complaint of city editors that they try to cooperate with hospitals by giving publicity to their fund raising drives or nurses' graduation ceremonies, vet when there is an important accident, the hospital closes the door to newspapermen. Maybe the paper has received a police report-which is public information-on an accident or suicide and calls the hospital to check the facts, only to be told that "there is no statement for the press." No wonder the newspaper stories are sometimes inaccurate; no wonder city editors mistrust such information

Must it always be like this? Is this mistrust a natural consequence of a hospital-newspaper relationship?

When a hospital reaches public relations maturity, one of its first concerns is to establish a good working relationship with the press. This isn't achieved by a let's-kiss-and-make-up approach. It must be earned. If the hospital has had previous unsatisfactory relations with the press, only cooperative action can change it. Until a mutual trust is built between newspaper and hospital, the relationship is on shaky ground.

The hospital must take the initiative in this effort regardless of where the fault has been in the past. This doesn't mean wining, dining and kowtowing to the press. But it does mean cooperating with it in its efforts to obtain news; and cooperating means more than half way.

A prominent psychiatrist recently said that in a successful marriage both husband and wife must expect to make 75 per cent of the sacrifices. If both the hospital and the press expected to give 75 per cent in return for 25 per cent, an ideal relationship would result.

Although it may seem elementary, some one qualified person must be made responsible for press relations. In larger hospitals, it may be a fulltime director or outside counsel; in smaller hospitals, it may be the superintendent or the administrative assistant. It must be emphasized that if the job is a part-time assignment, it must be considered by the superintendent and the person on the job as a major responsibility. If the person assigned to the job considers it as just another burdensome chore, then he is the wrong person and the hospital is wasting its time. The job must be considered important; it must be worked at, and it must have the support of the top administration. The program described here may not apply to every hospital, and it isn't perfect. Any relationship in which the two parties meet in a time of tension is bound to breed friction occasionally. But if a feeling of trust can be established, the battle is 95 per cent won.

TALKED WITH EDITORS

At Wesley Memorial Hospital, Chicago, the public relations director's first activity was to call on city and photo editors. By listening to their comments, he learned where the specific areas of friction were and what the press expected of the hospital public relations office. The knowledge gained was invaluable in formulating the hospital's press policy. Discussions like these have the added psychological advantage of letting the press know that you want its opinion and that you intend to do something about it.

The next step was to set up a press standard of procedure at the hospital. Who will answer newspaper calls during the day? At night? Many newspapers, because of past experience, consider the public relations office a censorship bureau and resent having their calls switched there. They prefer to talk directly to the floor nurse, emergency room attendant, resident or intern involved in the case—people they believe can and will give all the facts.

However, if the newspapers trust and respect the public relations director and know he will get them all the facts he can—and quickly—they would prefer to work through him every time. It is to their advantage to do so. Only where the public relations office has failed to cooperate do newspapermen attempt to circumvent it.

In ruling that all press inquiries be handled by a public relations or press office, regardless of wherever calls are directed by newspapers, the hospital not only protects itself, but speeds up its press service. As emergencies often happen at night or when the public relations director is not on duty, a round-the-clock procedure must be established. At Wesley, the administrative assistants in charge handle inquiries personally whenever the public relations office is closed. They frequently call the papers themselves, if the occasion warrants it.

When the routine was established, a three-page memorandum on press relations was sent to all hospital personnel who might conceivably be in a position to talk to the press. This included administrative staff, department heads, all staff nurses, house staff, switchboard and emergency room personnel.

EXPLAINED PRESS CODE

The memorandum was in two parts. It first explained the press code which Chicago hospitals and newspapers had approved. This includes the specific type of information which the hospital should and should not release. The second part was a section entitled "What to Do When the Newspapers Call." Here was outlined specifically the procedure for answering any press request for information.

Throughout the memorandum were stressed the reasons why the hospital profits by quick and efficient service to the press. It was explained that newspapers have many ways to get information if the hospital does not cooperate and that giving the correct data immediately is insurance against misstatements and trouble.

Hospital-newspaper press codes are outside the province of this report. But this can be considered a plea to all hospitals and newspapers in cities where such a code does not exist to set one in motion. It is of great value in shaping policy, even though it may be violated occasionally.

Meetings were held with the groups to which the memorandum went and the public relations director explained each paragraph and answered questions. In this way the hospital staff acquired a cooperative attitude toward the press rather than a defensive one.

The hospital personnel was given reasons why all press requests should be centralized in the public relations office: familiarity and experience of public relations director in dealing with the press; speed-up of service; control over information released; relieving other hospital personnel of time and responsibility.

At the same time, it was made clear that whenever an individual member of the hospital or medical staff can give the press special or technical information, the public relations director will make arrangements for the paper to call or interview the person directly.

By holding such meetings, hospital personnel not only is briefed in press routine, but also comes to understand that its own cooperation with the public relations office is important. A good hospital public relations office should have the facts on any newsworthy case, before the newspapers call.

Once the hospital routine and orientation were established, the super-intendent then sent a letter to each city editor officially informing him of the hospital's new public relations director and of its desire to serve the press. In the letter were the names and telephone numbers of the persons the press was to contact at any hour of the day or night for information. Home telephone number of the public relations director was given.

The letter also included a copy of the memorandum so that the editor could see for himself the effort that was being made to cooperate with the press. Comments were invited and were favorable. One newspaper posted the letter and memorandum on its bulletin board and discussed it in an editorial conference as an example of press cooperation.

Whenever there is a change in the hospital personnel assigned to answer press calls during evenings, nights or week ends, the newspaper is informed by letter so that its files can be brought up to date.

As any hospital public relations person knows, members of the medical staff are reticent about publicity because they fear criticism from colleagues and professional societies. Many good stories that would otherwise be disapproved can be handled in such a way as to avoid this criticism. But the medical staff should be informed of these technics and purposes.

At Wesley, cooperation of the chief of staff was invited and a memorandum on press policy was sent to the entire attending and courtesy staff. Doctors were urged to cooperate by informing the public relations office of unusual cases. Illustrations of the types of news stories which would be beneficial to the hospital were given. The memorandum was discussed in a staff executive committee meeting. It is understood that any story involving a staff doctor must have his approval before release.

It may take time, but discreet handling of stories involving medical staff members and constant effort to apprise them of what is being done and why will eventually pay dividends.

CAN AVOID MISUNDERSTANDINGS

Misunderstandings concerning the use of doctors' names should be easier to avoid now that the principles of medical ethics of the American Medical Association have been revised to clarify this point. The revised principles indicate clearly that it is only when the doctor himself initiates reports including his name that any question of ethics is involved. "Medical practice has become so largely centered in the hospital that these institutions have felt the pressure of the public for information not only concerning health and disease in general but also concerning patients who enter hospitals and whose conditions may be matters of public importance," said a recent editorial in the Journal of the American Medical Association, commenting on the new principles. "Most large hospitals now have officials who devote their time to the public relations of the institution. Leaders in medicine recognize the necessity for information to the public regarding unusual conditions that may come to public notice or even the health of persons who are considered newsworthy."

As newspapers were often getting reports of accident and emergency cases before the public relations office did and would call for information, a "Press Information" form was devised. As soon as a case comes in, an emergency room attendant or nurse fills in the name, address, extent of injuries, and so forth of the patient. It is brought to the public relations office immediately. The information is then on hand when the press calls. Sometimes the telephone rings at the moment the nurse arrives with the forms.

Most of the friction between hospital and press occurs in the emergency room. And unfortunately many emergency cases have a way of happening in the early morning hours when the public relations director is at home asleep.

ALL SHE HAS TO DO-

If a shooting occurs, it will probably be around 4:30 a.m. Victims are brought by the police to the emergency entrance. Thirty seconds later the press corps arrives, with pencils and flash bulbs ready. A single nurse is on duty in the emergency room. Until help arrives, she is supposed to: call the doctor, take the necessary admitting records, prepare the patients for treatment, assist the police, give reporters information, and assist photographers in getting their pictures.

Naturally, she can't do everything at once. At this point—with all parties demanding attention first—the well laid plans of the public relations office begin to evaporate. Under pressure, she tells the press to get out—no pictures!

Probably no standard of procedure will ever be devised that will be 100 per cent effective in these situations. However, a reasonably satisfactory working agreement can be reached.

On any police case, Wesley provides the press with all the information which the press code permits as soon as possible. This includes: name and address of patient, age, sex, marital status, color, occupation, employer and general information only regarding the nature of the accident and extent of intuities.

For obvious reasons, photographers should not enter the emergency operating or examining rooms. If pictures are taken, they may be made in the corridors or waiting room. If the patient asks that no pictures be taken, the attendant passes along the request to photographers. However, should the photographers persist—as they some-

times may—no physical force, no smashing of cameras should be attempted. An emergency case brought in by the police is considered as public information, and the hospital's responsibility for protecting his privacy ends after it has notified the photographers of his wishes. From then on, it should be a matter between the press, police and patient.

Cooperating to protect the privacy of a private patient who does not wish publicity should be expected. But any hospital which makes a fetish of privacy in the case of police emergencies is assuming needless responsibility and, should violence occur, inviting law suits

The public relations office makes a special effort to initiate news reports to the press. It does not, however, notify papers whenever prominent persons come as patients. If the papers have indicated their interest in the progress of a particular patient, they are given daily bulletins. In the event a special case comes in from out of town, a case in which the home town public has already shown an interest, the wire services are notified regularly. Should an event like that mentioned at the beginning of this report occur, the papers are called.

By beating the press on occasions when it will be calling anyway, the hospital receives credit for unusual cooperation. It is concrete evidence that the hospital is rendering a real press service and that it is not trying to hide legitimate news. By such actions, the press comes to trust the public relations office and seeks its assistance at the start of a news break. It is not forced to try to bribe hospital staff members, disguise reporters as visitors or resort to other stratagems to obtain news.

If an important case is in the hospital, the public relations office sets up special procedures so that if something newsworthy happens, the papers are notified immediately, whether day or night. When one of Chicago's most prominent citizens passed away recently at the age of 102 in the early daylight bours, every paper was notified within five minutes, even though the public relations director and the administrative assistants were not on duty.

An interesting sidelight on this case: one paper that did not trust the public relations office at first had a reporter on a day-long vigil in the hospital lobby for four days. Seeing

the pains that were being taken to keep the press informed, the paper finally recalled the reporter.

The public relations director makes a point of taking most of his publicity stories to the paper in person. City editors like to know and see publicity people with whom they are dealing, provided the visits are brief. Press releases are never mailed or duplicated.

On occasions when reporters or photographers come to the hospital on a scheduled story, every effort is made to have things set up in advance so that a minimum of time is consumed. Permissions have all been obtained and the people involved are ready at the time stated to the press. All props for picture taking have been assembled. Names and addresses of people in pictures (reading from left to right) are made while pictures are being taken. All planning is aimed at saving time for both press and hospital staff. Depending on the hour or season, hot coffee is usually ready in the public relations office for newspapermen before they leave. When possible, special parking privileges are arranged as the hospital is in a crowded area where parking is difficult.

STAFF MUST COOPERATE

An important ingredient in good press relations is the respect and cooperation of hospital personnel for the public relations office. At Wesley, the public relations director, through personal appearance at group meetings and through written memoranda, attempts to show hospital personnel what the office is doing, what the results are and invites its help in finding out news possibilities. Whenever pictures or articles appear in newspapers, clippings are posted on the bulletin boards so that the personnel may see for itself.

The public relations office has a policy—as every institution should—never to give out a news story exclusively to one paper. However, when a paper, of its own initiative, digs out a story, the confidence is kept. On feature stories, exclusive releases are permissible.

What are the results of such activities? Has this policy been worth the effort?

The answer cannot be evaluated in terms of press clippings, because to realize publicity lineage was not the reason for the policy in the first place. While publicity effort has been eminently successful, the public rela-

tions director does not try to be a press agent, devising stunts designed to get the hospital's name in the papers at every opportunity. Emphasis is on the type of publicity released, not the quantity. When newsworthy events occur, however, publicity technics are employed to obtain thorough press coverage.

After a year's activity, certain results are particularly noticeable—results which make the policy well worth while. There has been a marked change in press attitude toward the hospital. Newspapers call the public relations office direct for information they want. The public relations director talks frankly with science writers and reporters, but confidences are kept. There has been no trouble about non-compliance with hospital requests.

Stories that have appeared are, for the most part, accurate and well presented, from the hospital's standpoint. Whenever the hospital has desired the support of the press, newspaper cooperation has been excellent.

On the internal side, hospital personnel has become alert to spot press situations. Helpful information and cooperation have been received by department heads, house staff and employes. Doctors have gained more confidence in their associations with the press and have worked with the public relations office.

Every hospital has a certain number of publicity releases which are run-ofmill variety: nurses' capping and graduation exercises, announcements of women's auxiliary meetings, and so on. But effort should be made to develop releases that are news stories by newspaper standards. All newspapers want and will use such items as human interest stories involving children having rare diseases or treatment; dramatic operations or cures; new research or procedure being developed at hospital; features about interesting people on the hospital staff.

Ethical standards, of course, must determine what can be publicized. Hospital public relations directors often feel frustrated. Day after day they must sit on stories that would make good news copy, but hospital ethics or the medical staff says "no"!

DON'T BE HASTY

A word of caution: be careful about calling up a newspaper and criticizing it for a misstatement. Like anyone else, a newspaper wants to know when it has made a mistake or printed an untruth. If you follow all editions and see that an error has been made in the first edition, call the city desk in the spirit of cooperation-and advise it of the error. It will correct the story for later editions, if it can. It accomplishes nothing to call it down angrily the next day. This will only break down what good will has been built up. Constructive criticism is justifiable at the proper time.

When a paper breaks faith or violates a code on a story, it is permissible to call the city editor and explain calmly what has happened. Chances are the mistake was not a purposeful one and slipped by the city desk. But, if a reporter has deliberately broken faith, his editor should be aware of it. Here's where a press code comes in handy as the vardstick.

This report is not intended to give the idea that the press can do no wrong and must be coddled. It must be expected that occasional misunderstandings will arise. But, when they do, they must be handled with wisdom and patience.

The hospital and the newspaper need each other. But if a harmonious relationship is to develop, both parties must fulfill three requirements: sincerity of purpose, understanding of each other's problems, and patience. The rest is a matter of details.

Although it isn't good arithmetic, if both parties make an effort to go 75 per cent of the way, the result should be 100 per cent cooperation. However, one of the two will have to take the first step, and it will probably have to be the hospital.

Medicine's Response to Challenge

IN THE June issue of the American Journal of Obstetrics and Gynecology, there is an address entitled, "Medicine's Response to the Challenge of our Time." This was delivered at the fifty-ninth annual meeting of the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons by Dr. Raymond B. Allen, president of the University of Washington.

The author discusses the tremendous advances of modern medicine and praises the current emphasis on the importance of research in education and training.

He notes that medicine is focusing its attention increasingly on man as a social organism, and he believes that the greatest contributions of the future will spring from an understanding of those subtle forces which determine man's reaction as an individual in his constant struggle to find happiness in a changing world.

Today, the individual human being is caught up in forces far beyond his personal control. Perhaps, most important for us to realize is the stark fact that the world's population is increasing faster than man's capacity to supply all his basic needs. Compared with other parts of the world, our resources are abundant indeed, but we cannot ignore the basic problems faced by mankind elsewhere. The solution of these problems is basic to the whole problem of war and peace, to-

day, tomorrow, next year, and for generations to come.

While physicians must continue to serve individual human beings with all their knowledge and skill, along with other leaders of communities, they must assist every serious effort to make a more satisfactory adjustment of man to his world. This involves several pursuits, such as aiding in all conservation programs, and supporting educational and research activities, providing the knowledge and skilled personnel in scientific and technological fields necessary to conserve and develop the resources of all the depleted areas of the earth.

Planned parenthood, too, will command their special interest. For the millions of underprivileged people, educational opportunities must be provided through the United Nations, thus aiding in controlling population growth where it needs control. Only by these means and by good will and cooperation can man, if he will, arrest the downward spiral of our civilization.

The services of medicine like those of religion have been largely personal. Medicine of the future must progress as a social as well as a biologic science, and must broaden its outlook accordingly. Medicine is coming of age as a social science in the service of mankind. This must be medicine's response to the challenge of our time.—SIDNEY M. SAMIS, M.D.

SELECTING THE HOSPITAL SITE

THE importance of a proper site for a hospital cannot be overstated. A hospital improperly located on an unsuitable site must operate under a handicap for its entire life. To avoid such a situation, the knowledge and experience of several specialists should be used to ensure that the site selected is the best available—all things considered.

The hospital administrator knows how a hospital operates and can advise on the suitability of a site in relation to the operation of a hospital. If the administrator has not been hired, it may be possible to obtain the services of an administrator from a neighboring hospital.

Where an administrator is not available, a hospital consultant can provide this type of advice.

The architect for the project must approve the site in regard to certain practical requirements, such as placing of the building, grading and drives.

A civil engineer should be called in to investigate the characteristics of the soil conditions on the site.

In selecting the site this group will consider a number of factors. The first FEDERAL SECURITY AGENCY

Public Health Service Division of Hospital Facilities Technical Services Branch

requirement is proper location, inasmuch as the hospital should be convenient to the people it will serve. It should be near public transportation. It must not be so far outside the community, no matter how desirable otherwise, that patients and visitors are inconvenienced in reaching it.

Patients recuperating from illness require quiet, pleasant surroundings free from nuisances. A site that is near a factory, a railroad, an airport or playground would not be suitable. If the site is found to be free of these objections, the zoning laws should be closely studied to determine whether they permit the construction of any such nuisances in the future.

The cost of extending water, gas, electricity, sewer and telephone lines to a site should not be prohibitive. If water and sewage treatment plants have to be installed, high installation and maintenance costs are entailed. Where these utilities are not available, it would be best to pass up the site

unless no other is available and the community can stand the drain on its pocketbook.

If the site is acceptable up to this point, the architect for the hospital has to consider a number of things in relation to the size of the site and the placing of the hospital on it. Since most hospitals expand during their existence, he must consider the size of the site, not only in relation to the hospital's immediate capacity but also in terms of future requirements. If the nurses' residence is to be provided, allowance must be made for it, and recreation space, such as tennis courts, has to be provided for. Parking space must also be provided away from patients' quarters.

The topography of the land and the placing of the building on the site will concern the architect. He must be able to place it in a manner which will take advantage of natural drainage. At the same time, the grades should allow him to provide road connection between the street and hospital without undue expense. It should be possible to locate the patients' nursing units to the quiet side away from the

APPRAISAL FORM

Site A—Location	n Site B—Lo	ocation	TOPOGRAPHY AND SUB-SOIL CONDITIONS	Site	Site B
Name of Present Owner Indicate opposite each item below whether or not the conditions in relation to that item are satisfactory or desirable for each site. Site Site A B			High ground to provide natural drainage. Rough or rolling terrain requiring expensive grading. Are there gulleys or watercourses involving flood hazards?		
Convenient local trans	nter of community served.		Is there any condition, such as filled ground, rock, quicksand, which will make foundations expensive?		
Are organized fire fighting facilities available?			DIMENSIONS OF SITE		
NUISANCES Objectionable noise, s neighborhood. Proximity to breeding mosquitoes. Is the site undermine rights?			Size sufficient for attractive grounds. Space for adequate driveways and parking areas: Size sufficient for 100% expansion in building area. Sufficient for private sewage disposal if there is no public sewer system.		
PUBLIC UTILITIES AT 1 Water, including wate Sanitary and storm se Electric power (pref	r for fire fighting.		ORIENTATION AND EXPOSURE If patients' rooms are placed on the quiet side of proposed site, will they also have best orientation for sunlight and prevailing breeze? COST OF SITE Approximate cost of site. Add any unusual expense for site development.		

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TYPICAL SITE SURVEY AND SOIL INVESTIGATION

A COMPLETE site survey and soil investigation report is a valuable and convenient source of information which can be readily used in conjunction with the project program in the development of the project and the site. It will provide the basis for an economical foundation and building design as well as minimize the possibility of extra charges because incomplete or inadequate information has been given to the contractor. Although the site survey drawing is usually not considered to be a part of the contract drawings, it is most helpful in the preparation of working drawings and specifications.

As a guide to the architect and the owner in the utilization or other disposition of existing improvements on the site, it is necessary to have a satisfactory description of all existing buildings and improvements. It is sometimes possible to incorporate an existing excavation, wall, road or other improvement in a new building. Other existing facilities may be considered definitely superfluous or will interfere with the new building operations and the architect must mention and provide for their disposal in the specifications or final drawings.

In some instances, minor differences between the field measurements and the recorded deed are observed. To forestall future litigation, it is important to delineate the courses and distances of exact property lines on the survey drawing and any discrepancies, with the legal description, should be reconciled or explained.

Large, well placed trees are a decided asset to any building project. It is important that such trees, if located in the vicinity of the building operations, should be plotted on the survey drawing to aid the architect in deciding which trees should be protected and retained to enhance the completed facility.

The city engineer or other qualified municipal official should be consulted in regard to the latest information about the true street lines and officially established grades of curbs, sidewalks and sewers. These data are important since projected or anticipated street and sidewalk improvements may involve radical changes in elevation with respect to existing grades, thereby seriously affecting the approach facilities.

Complete information about the availability of utilities is necessary. A description of water and gas main sizes and pressures, sewer sizes, electric power characteristics and telephone service will expedite the design of the building. If a specific utility service is not located adjacent to the site, the nearest such service should be indicated, along with the contemplated date and description of the proposed extension to the site. street and to take advantage of breezes and sun.

Foundation conditions must be closely examined by the engineer before any final agreement is made on the site. Considerable increase in foundation costs may be expected if outcropping stone, quicksand, mine workings, moving soil or water pressure below grade is involved.

Rock must be blasted and specially handled. If wood or concrete piles are required, they must be provided over and above the cost of the usual footings and foundation walls.

Water pressure below grade involves provision of expensive membrane waterproofing. Continual pumping of water out of the excavation is another additional cost. Where loose sand is found, it may be necessary to use sheet piling and to provide much wider footings.

These conditions can be discovered by sinking a number of test pits down at least to the level of the deepest expected footings. The number required should be left to the judgment of the engineer who should be familiar with foundation conditions near the locality. These explorations will indicate the character of the soil strata encountered and will assist in determining economical structural considerations.

A site which is donated should be evaluated strictly on the basis of the

foregoing considerations. It should not be accepted if it falls short of the requirements for a hospital.

The appraisal form on page 85 is designed to help in evaluating a site—listing in convenient form the items which must be considered in making a choice. However, no form can cover all conditions adequately and in some cases local circumstances may have to be balanced against the considerations mentioned.

A few notes on site surveys and soil investigation and a typical site plan are also appended for the consideration of the civil engineer in preparing this information for the use of the owner and his architect.

Downtown Bulletin Board

Sells Winchester Hospital to the community

HARLAN L. PAINE Jr. and MRS. EVA MacMILLAN Respectively, Administrator and Director of Public Relations Winchester Hospital, Winchester, Mass.

A S PART of its program of public information, Winchester Hospital, Winchester, Mass., has completed five months' use of a bulletin board near the business center of the town. The board stands at a corner of the town Common within 50 yards of the railway station, where actual count of daily passers-by averages 1700, a sizable proportion of pedestrian traffic in a town of 15,000.

The over-all size of the board is 4 by 6 feet, and it is firmly supported on posts set in concrete. Changeable panels, 2 by 4 feet, carry copy which has been changed every two weeks, and has used a variety of approaches to popular interest.

The first panel texts dealt with the extent of the hospital's service, the rate and number of admissions, and the quality of its staff as shown by American College of Surgeons approval.

Another emphasis has been the emergency value of the easily accessible local hospital and the extent of its accident service. Later, when the general community appeal for the building fund approached, this theme was used with apparently good effect. Throughout the period, the news releases to the local and the metropolitan press were planned to strengthen the effect of the bulletin board displays. National Hospital Day was announced as a milestone in the build-

ing fund drive, and attractive cards in downtown windows supplemented the bulletin board slogans.

Public reaction to the visual information on the bulletin board has been cumulative in its enthusiasm. Among the hundreds who pass this corner, those questioned have stated that they grew increasingly conscious of the facts presented, watching for the new

panels and thinking more frequently of the value of the hospital to them and their families as they read each new text. The Hospital's Committee on Public Relations is now considering using the board for another 10 months, beginning in September, with a wider range of subjects and special emphasis on those facts which make this hospital unique.



An average of 1700 passers-by see the bulletin board on the Common.



A S THE number of medical groups in the United States increases, our experience should be compared with that of others employing this method of medical organization. A two-year report, based on the experience of five doctors (a surgeon-obstetrician, an internist, an anesthetist, an assistant anesthetist, and a second surgeon) practicing in an English country town of 10,000 population, with 15,000 additional people in the surrounding district, was published in the Lancet, Nov. 6, 1948, as a special unsigned article.

The purpose of this medical group is stated as follows:

 The provision of a comprehensive local medical service within the financial means of the patient by increasing the scope of domiciliary and hospital treatment.

An increase in the scope of practice for each member of the group through greater experience in his own specialty, thus to increase competence and skill.

3. The raised standards of professional skill by mutual consultation.

RETAINS OWN PRACTICE

Each man in the group does general practice as well as his specialty, retains his own patients, and has a recognized medical assistant. The nature of the community and the type of previously established practices of the group's numbers put the emphasis upon surgery; hence the need for two anesthetists Organizationally, the group pools all income and distributes it in accordance with an agreed plan based on age, seniority and the recognized higher earning capacity of the surgeon-specialists. Government and administration of the group are entirely democratic, decisions being arrived at unanimously or by compromise. Offices, equipment and staff (secretary, bookkeeper, part-time typist, apothecary, receptionists and cleaning woman) are shared. The group also employs a physical therapist who is available also to outside physicians. All members of the group have privileges in the local hospital of 50 beds and work in the outpatient clinics there. Consultations within the group are no added expense to the patients. All nonmedical duties are divided among the members of the staff.

GROUP PRACTICE IN ENGLAND

The doctor-patient relationship is considered by the group to be an ethical principle of highest importance, to be maintained at all costs, Free choice of doctors is maintained, although a free exchange of patients occurs among partners for consultation and medical reasons. No difficulties among partners of the group have arisen from this cause, even though occasionally a patient may choose to change doctors within the group. The service has not been impersonalized, nor has the group as a whole had to take over responsibility for any of its members.

The scope of service possible through the group is limited only by the area served, shortage of hospital beds, and the self-imposed limitations based on the skill of the individual members. This service is far broader than was possible in the previous private practice of any member of the group since it includes modern anesthesia, facilities for technical procedures previously available only through special departments of large hospitals, x-ray, pathology, orthopedics provided within the local hospital or at a large hospital some 15 miles dis-

Relations with the medical profession outside of the group are maintained through honorary hospital staff appointments, and members of the group were chosen with this in mind. Close contact among group members is maintained in hospital work as well as in the offices of the group. Uncommon and extensive surgical procedures, such as thoracic and cerebral cases, are passed on to more highly experienced surgeons in these specialties. Finally, local practitioners are encouraged to refer patients to the group for consultation, which they frequently do.

This group considers the advantages of such organization to be of two types:

1. The reduction of overhead charges and mutual assistance among

doctors, with off duty and holiday periods, represent a great financial saving. Material gain is greater, however, only for the young practitioner. Other members earn about equal remuneration if practicing in small partnerships rather than in a large

2. Group practice raises standards and broadens the scope of general practice and increases the availability of consultants' opinions without delay and without added expense to the patient. It also provides for continuous care of the patient in the hospital by the same group of trusted doctors. and increases the ease of combining general practice with specialization, with its highly beneficial effects on the specialists who thereby do more work in their own line. It increases the variety of services available within a given area and makes doctors quickly available through the system of staggering consultation hours. It eliminates the practice of locum tenens and increases facilities. Finally, the continual discussion of medical problems and the continual stimulation of enthusiasm which work in a good team provides prevent staleness and "outof-dateness" which affect so many middle-aged practitioners. No disadvantages were found in this method of practice.

DIFFICULTIES TO OVERCOME

Certain difficulties, however, are to be met and guarded against. The agreement among partners must be equitable and comprehensive. Agreeable wives of the doctors are as important as compatible doctors. Liberty of action and enthusiasm of the partners determine the health of the group. An unsuitable partner would have serious effects. An official attitude which imposes restrictions upon part-time consultations or prejudices the free action of any one of the partners is thought likely to be fatal to medical group practice.-E. D. ROSEN-FELD, M.D.



Witnessing the final signature on the first agreement to participate in the Inter-Plan Service Benefit Bank are (I. to r.): N. D. Helland, director of Group Hospital Service, Tulta, Okla.: T. Austin Gavin, Tulsa, board of trustees; Paul A. Webb, Associated Hospital Service of Maine, Portland, Me.; J. Douglas Colman, Blue Cross Commission, and Antone Singsen. Signing for the commission (seated) is Richard M. Jones, Chicago.



Three students at Hotel Dieu School of Nursing, New Orleans, impersonate students of three different periods of the 50 year old school. Margaret Hebert, in modern uniform, demonstrates gas range to Virgil Legendre, uniform of 1912 (left), and Ethel Banquer, in 1902 uniform.



Officers of the Omahe Chapter of Medical Record Librarians admire microfilm equipment at St. Catherine's Hospital. Standing, I. to r.: Marjorie Roscoe, Sister Mary Rosita, O.S.F., Mary Converse. Sister Mary Eugene, R.S.M., is seated at the microfilming machine.



"The Alcove Gift Shop" sponsored by the Ladies Auxiliary of Salem City Hospital, Salem, Ohio. Service is entirely voluntary. From left to right: Mrs. Ora Harding, gift shop chairman, Mrs. Joseph Pidgeon, "Saturday" chairman, Mrs. Ruth Bogar, treasurer of the shop.

Very, Rev. Msgr. J. J. Curry and James Russell Clark present a citation to Louis Schenkweiler, retiring president of the Greater New York Hospital Association, at the association's annual dinner held in New York City last May.



Vol. 73 No. 3, September 1949

About People

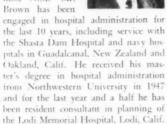
Administrators

Dr. Leigh J. Crozier, formerly administrator of Victoria Hospital, London, Ont., Canada. has been appointed administrator of Hermann Hospital, Houston, Tex. Dr. Crozier is a member of the American College of Hospital Administrators,

Dr. Crozier succeeds R. Oswald Daughety who resigned after 10 years of service, first as assistant superintendent, then as superintendent and director.

Hubert W. Hughes, business manager of St. Anthony's Hospital, Denver, for 10 years, has been appointed administrator of the General Maurice Rose Memorial Hospital. He succeeds Warren E. Toy who has been acting administrator since last June. Mr. Hughes is a trustee of the Midwest Hospital Association and is serving his second term as president of the Colorado Hospital Association.

Daniel M. Brown has been appointed executive director of Los Alamos Hospital and Medical Center, Los Alamos, N.M. Mr.



Cecil G. Frantz, who has just completed a residency in hospital administration at the Milwaukee County Institutions, has been appointed administrator of the Monmouth Hospital, Monmouth, Ill. Mr. Frantz received his master's degree in hospital administration from the University of Chicago.

W. Travis Wilson, administrator of Memorial Hospital, Corpus Christi, Tex., has been named president of the Nueces County Hospital Council. He succeeds Walter Duke, who recently resigned as assistant administrator at Westlake Hosadministrator of Crippled Children's pital, has been appointed to succeed her.

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Hospital, Corpus Christi, and has been succeeded in that position by Mrs. Dale Y. Groves.

Clyde W. Fox has resigned as administrator of the Tucson Medical Center, Tucson, Ariz., to become superintendent of Washoe County General Hospital, Reno, Nev.

Dr. Martin F. Heidgen, administrator of Memorial Hospital, Elmhurst, Ill., since 1937, resigned to succeed Mr. Fox as director of the Tucson Medical Center. Frank L. Unzicker, business manager at Elmhurst for the last year, was named to succeed Dr. Heidgen as ad-

Clarence J. Murphy has been appointed administrator, Huggins Hospital, Wolfeboro, N.H. Mr. Murphy was formerly administrator, Maple Avenue Hospital, DuBois, Pa.

Rev. C. O. Pedersen, administrator for 30 years, Norwegian Lutheran Deaconesses' Home and Hospital, Brooklyn, N.Y., will retire October 1. Rev. Frank Salvesen will succeed Rev. Pedersen.

Alfred Van Horn, a graduate of the class in hospital administration, Columbia University School of Public Health, has been appointed administrator, Fairfield Memorial Hospital, Fairfield, Ill., which is now in course of construction. Mr. Van Horn served his administrative residency at East Orange General Hospital. East Orange, N.I.

William K. Page Jr. has recently been appointed administrator of the Kessler Institute for Rehabilitation at Pleasant Valley Way, West Orange, N.J. Before going to the institute, Mr. Page served for three years at the Veterans Administration Hospital, Lyons, N.J., where he was executive assistant in the physical medicine rehabilitation service.

Elise I. Biechler Jr., administrator of Westlake Hospital, Melrose, Ill., resigned effective July 7. A graduate of the course in hospital administration at Northwestern University, Miss Biechler is a member of the faculty, a member of the American Hospital Association and a nominee of the American College of Hospital Administrators. Elsie R. Hlava,

L. B. Dana has been appointed administrator of Knickerbocker Hospital, New York City, succeeding Norman D. Bailey. Mr. Dana is a graduate of the program in hospital administration at Northwestern University.

Leroy N. MacKenney has been named administrator of the Elizabeth Kenny Polio Institute, Minneapolis. Mr. Mac-Kenney has been administrative resident at Lowell General Hospital, Lowell, Mass., for the last year.

Sister Mary Evangeline has been transferred from Hotel Dieu Hospital in Beaumont to Port Arthur, Tex., where she is administrator of St. Mary's Hos-

Milton H. Woodside, who completed the course in hospital administration at Duke University in July, is now working with the North Carolina

Medical Care Commission, Raleigh, as assistant hospital administrative con-

Jesse A. Riser, administrator of Finch Memorial Hospital, Pullman, Wash., for the last three years, has been appointed administrator of the new Salinas Valley Memorial Hospital, Salinas, Calif.

William S. Murphy, president of the Blue Grass Hospital Council and a director of the Kentucky Hospital Association, has been named administrator of Somerset City Hospital, Somerset, Ky. For the last four years Mr. Murphy has been business administrator of Berea College Hospital, Berea, Ky.

Richard Harrell, formerly administrator of Overall Memorial Hospital, Coleman, Tex., is now administrator of Lee Memorial Hospital, Giddings, Tex. He has been succeeded at Overall by N. T. Underwood.

W. Ray Frye, formerly superintendent of Calcasieu Parish Hospital, Lake Charles, La., has assumed the duties of administrator of Southeast Baptist Hospital, Beaumont, Tex.

Dr. Armin H. Wolff has been appointed acting superintendent of East (Continued on Page 162.)



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VOLUNTEERS PERFORM a SOCIAL SERVICE

By interpreting case work to the trustees and the public

THERE may well be some professional workers who prefer not to have to work with or under a lay committee or board, and perhaps for a very good reason. If there is not mutual confidence between staff and committee, the relationship is strained, false and sterile. There are women who resent the professional worker, feel that she has usurped the position of the volunteer, or taken authority out of her hands. And there are professional workers who resent the lay woman as an officious busybody who 'really doesn't know what it is all about." If, however, the professional workers and the lay committee women have mutual confidence in and respect for one another, the relationship can be a happy and fruitful one. I am convinced that an intelligent and well informed group of interested individuals who are not on the staff of the hospital can be of enormous help to the social service department.

In the first place, social service case work is still young and is not yet strong enough or generally accepted so that it can stand on its own feet. Wherever it is well done it becomes an accepted part of hospital routine, but it still needs informed and enthusiastic supporters to interpret its

DIFFICULT TO EXPLAIN

The very nature of social service makes it difficult to explain. I know, for I have tried to do it simply and concretely and it is not easy. One cannot describe it by quoting statistics and figures for it deals with emotions, with personality traits, and with individual reactions. When a social worker has only to help obtain a housekeeper or a visiting nurse, or arrange transportation to a clinic, or procure an artificial limb, that is easy compared to the hours she must spend in trying to help adjust a family to an acceptance

Adapted from a paper presented at the New England Hospital Assembly, 1949. MRS. CHARLES F. DARLINGTON

Chariman, Social Service Committee Memorial Hospital Center New York City

of one of its members who has just had a radical and perhaps disfiguring operation.

A patient is not simply a person sick in bed-he is a human being with a home, job, family, friends and with worries, hopes and fears. Some of these worries may be as real to him as the malady for which he is brought to the hospital. He brings all of these preoccupations and anxieties into the hospital with him. The medical social worker, by learning to know these factors in his total picture, helps to broaden and deepen the doctors' understanding of the patient, thereby actually assisting in diagnosis and treatment. Just how much the social worker can do for the doctors and for the hospital, not to mention the patient, needs to be interpreted to trustees, if she is to be effective.

The executive board or committee makes policy and is the first and foremost public to be considered by the professional staff. I think it is a great mistake for board or committee members to be regarded as simply money raisers. If they are kept in touch with the real work of the department and its problems, whether they are financial or whether they involve a dispute with the admitting office, and if they are made cognizant of good case work standards, they can be the best possible interpreters for social service. They are in contact with the public that lives and works outside the hospital walls. They can take ideas from the hospital out to that public, and bring ideas back into the hospital. They can make departments aware of unmet needs in the community, and it is being aware of these unmet needs which gives vitality and growth to any institution. By the same token, committee members can learn of unmet needs in the community as seen in hospital clinics and wards and be in a position to do something about these needs.

I once asked Dr. Rhoads, the director of Memorial Hospital, if he did not sometimes wish he had none of these earnest women running about the hospital and in and out of his office with ideas and suggestions. To my real surprise, for I honestly thought that perhaps he just tolerated us, he replied: "I should say not. You do us an invaluable service. You keep us from stagnating. We need a constant flow of ideas from lay groups and committees."

Now how can one practically interpret social service problems to trustees? Let me answer by describing the setup at Memorial Hospital Center in New York City which is the one I know best. A medical social service committee of 24 lay women guides our department which has 13 case workers on its staff. Indeed it was because of the interest of a few of these women that a social service department was first started at the hospital. I think that that is how many departments came into being originally.

POLICIES FORMED BY COMMITTEE

The professional director of our department reports to the administration of the hospital and in all practical matters of hospital routine the social service department is just like any other. But the policies are formed in this committee of lay women Six years ago several members of the committee decided that we were not doing good case work in our department and they set about to investigate practices in other hospitals. In all of this they found the information available at the United Hospital Fund most helpful. As a result of their research and their interest, the whole program was changed at Memorial and brought up to standard and it is now accepted as one of the best in the city.

Our committee at Memorial has certain very real financial responsibilities for the department. When the need came for increasing the staff to meet the demand for medical social service following our reorganization, it was the lay committee which decided to expand and undertook to raise the necessary funds for higher or extra salaries. It guides policies and is kept informed on case work itself. This is done by having several cases

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discussed by members of the staff at each monthly meeting. It has taken us a long time to educate ourselves to an understanding of just what medical social case work is, but it has been worth the effort. We now have a group that realizes that social service, in the real sense of the term, is not just "doing good"; that it takes trained professional personnel to do effective case work and that our job is to get good professional workers and then support them.

WORK AS A TEAM

We have agenda for each meeting of the committee which have been carefully prepared by our social service director and me. I must emphasize that at Memorial the director of the department and I work as a team. We have mutual respect for each other's abilities and that is why we can do this. At our monthly meetings we discuss budgets, ways of raising funds, have a report from our director, review several cases, and often have speakers from other departments of the hospital. Whenever we have a particularly good report or some statistics that are interesting (for in spite of what I said before we can produce statistics when we have a mind to) we see that this material gets to the people in the hospital who might be interested in it or profit by it. We have had from time to time a small group made up of members of the staff, committee and medical board for the purpose of finding out just how we as a department can best serve a particular clinic or research group. We send our annual report to board members and medical staff, and recently published a pamphlet describing the work of the social service department called "Helping Cancer Patients to Help Themselves" which is being used by fund raising experts.

Now in our particular hospital all this is going well. We have a good department and a well informed and cooperative medical and nursing staff. How does this information about what we do get up to the board of managers which is the top executive group in the hospital? As chairman of the medical social service committee I sit on this executive board. It is my duty to understand the problems of the hospital as a whole as a board member, which is important for it gives me perspective on the social service department and its place in the general scheme of the institution. It

is also my duty to report on the social service activities from time to time. These men do not want to hear only figures; they like to hear of cases and I try to summarize one or two illustrating the work done in a particular clinic, or show how we are able to ensure a more rapid turnover in hospital beds. I make my reports brief, timely and specific. I also have a subcommittee of the board of managers that meets with our director and me several times a year when we discuss the problems of the department at greater length than is possible in a large board meeting.

It has been demonstrated in acute and chronic hospitals throughout the country that the inclusion of the medical social worker in the professional team saves money unless the hospital is too small to support a specialized staff. Each member of a professional team represents an investment in education and training which makes the use of his particular skill in his own field economical. Some of his skill is wasted if he must handle problems outside the field where he is most competent. The common purpose of the professional team in any hospital is to obtain for each patient the earliest possible diagnosis, the maximum benefits of treatment and as nearly complete rehabilitation as possible. It is the responsibility of the medical social worker to eliminate or minimize social problems which prevent the realization of this aim. And I am convinced that intelligent interpretation of the medical social worker's rôle to boards is essential if this aim is to be reached.

DEVELOPMENT OF HOME CARE PROGRAMS

The problem of long-term or chronic illness has been getting bigger and tougher and costlier each year until hospital authorities in cities and states have despaired. There just are not enough beds or enough money to build more buildings and beds, yet people are living longer—and what is the end to be? The home care program is the first ray of hope in a hopeless situation.

Patients in the chronic and custodial stages would not have their problems completely solved by building more hospital beds even if that were possible. As long as patients in these stages remain in hospitals they are not functioning as individuals, or as members of a group. They are a

dead weight on society and on themselves. It was to conserve existing hospital beds and to preserve the functioning capacity of patients in the chronic phase of long-term illness that the Montefiore Department of Home Care was set up in January 1947 and financed by a grant from the New York City Cancer Committee.

The program recognized at the outset the value to the patient and his family of preserving normal family living despite the limitations imposed by the patient's illness so that it was as much a social program as a medical one. It was planned with the purpose of bringing the facilities of hospital care into the home, which meant doctors, nurses and housekeepers in addition to social service.

PHYSICIAN SERVES FULL TIME

It was set up under a full-time staff physician at the hospital who was directly responsible to the director of the hospital. Two social workers were assigned to the program. They assumed the responsibility in four major areas: case selection, preparation of the patient and family for hospital discharge, actual arrangement for the patient's leaving the hospital, and social service in the home. I cannot say strongly enough that in any successful home care program the social service worker's rôle must be given ample support. If well qualified social workers are not provided, the whole program will be jeopardized.

The eligibility of the patient for home care depends primarily on his medical readiness to leave the hospital. This means that the doctor on his case is ready to have him transferred and that he has had all the treatment that can be given only in the hospital. Once the medical eligibility has been determined, his social situation must be examined in terms of the physical setup of his home and the mental and emotional attitudes of the patient and his family. This kind of evaluation is always important in the discharge of a patient-but it becomes essential when a medical program in the home, sponsored by the hospital, is involved. The physical setup of the home is looked into by the social worker and, of course, she looks for those things which are necessary for the welfare of the patient although these may well be limited to water, heat and light.

More important than the physical trappings, however, is the examination of the family relationships. Is



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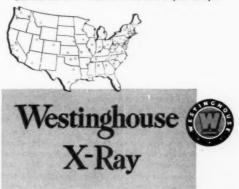
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the family able to bear up under the emotional impact of long-term illness? Will it be able to stand having a very sick person in the house with all the sights, sounds and odors and the intimate knowledge of pain? The worker must then discuss the situation with the patient and decide whether he is emotionally ready to leave the hospital and see what his personal reactions are to returning home. For if he goes unwillingly or resentfully he will not be a good patient for home care. She must then talk with the members of the family to see what their response is to taking him home, how they plan to care for him, and she must decide just how much financial help the family can contribute to the cost of the program. When all this has been done the patient is put on the list for home

MUST MAKE DECISIONS

The next step is helping the patient assume more self-direction. For weeks or perhaps months he has been in the hospital doing just what he has been told to do. Now he is going to have to make some decisions. Would he like to go home? What will he wear? How will he get home? Whom does he know who might help his wife take care of him? When the patient and his family have been prepared mentally for the homecoming, the social worker assists in the practical arrangements, which may involve getting a special bed or wheel chair; a visiting nurse; equipment for the dressings. or someone to do the shopping. The people at Montefiore had real doubts over the housekeeping service in this program, but they have found that, given enough time to plan well, help can nearly always be found in the neighborhood-a widow who would be glad to go in a few hours a day to clean up, or a high school girl who would like to make a little extra money by taking care of the children on Saturdays, and so on. Resources for help within the community and family can be found if well trained and skillful people try to find them.

The worker is ready at all times to continue supervision in the home, once the patient is there. What she does depends entirely on the individual needs of the patient. She helps him to find a place in the family life again. She helps the family to encourage the patient to share in the normal decisions and problems of the family. Her supervision may last

weeks or just a few days. But because of her close contact with the patient and family during the case selection, preparation and actual transfer, they feel free to call upon her in any situation which might be detrimental to the welfare of the patient.

All the time the patient is on home care he is visited by a doctor from the hospital. Transfusions, injections and many other medical procedures are brought to his home so that he does not feel that he has been forgotten or pushed aside by the medical personnel. The doctors on home care service are on 24 hour call.

Regular conferences are held in which all the people concerned with the home care program are brought together to discuss individual cases, procedures and suggestions for improvement. These include the physicians on home care, social service, hospital administration, nursing staff and members of the visiting nurse service.

From the patient's point of view it can be a new life—or a period of happy reentry into the family circle.

There is the case of the 45 year old mother who had been in Montefiore several years, completely bed-ridden. At long last she was put on home care. After a few weeks at home she expressed the desire to get up in a wheel chair. This was managed, and before long she was spending most of the day in her chair, and in her kitchen. She found that by making a few adjustments she could wash the dishes, and then prepare some of the hot breads which her family had always loved. More and more she took her part in the family life and while she finally had to return to the hospital for another operation and later died, she had had months of fairly normal living and the members of her family were enriched by the experience of having her in their midst before she left them entirely.

Bellevue Hospital in New York had a pilot home care plan which was set up in much this same pattern but limited to 50 cases, and with the service of but one physician and one social worker. The department of hospitals has a home care program in process of being formed and we hope to hear more about it within a few weeks.

While we do not have a formal home care program at Memorial, we do have some elements of the program in our daily routine, as do many other hospitals, I am sure.

In fact, I might almost say we have

a modified home care program because, in contrast to the program of only a few years ago when many patients who had been diagnosed or operated upon were considered beyond further active treatment, it is now the policy of the hospital to keep as many patients as possible under medical after-care at Memorial for as long as possible. In terms of social service this means that the medical social worker is now called in more frequently to help arrange care in the patient's home so that he can remain there and come to Memorial for his treatment.

PREPARES FAMILY FIRST

As I explained in the Montefiore plan, the worker's first job is to prepare the family psychologically to receive the patient and often to give much needed moral support. Then, in order to obtain necessary appliances and services for the patient, she cooperates closely and continuously with many community agencies through which nursing care, financial aid, housekeeping and other help can be supplied. (Last year nearly 200 community agencies were contacted by our social service department in behalf of the patients.) Since Memorial does not have facilities for sending the doctor to see the patient, the social worker often makes arrangements to bring the patient to the doctor. During the last year, social service arranged more than 5000 one way trips for more than 400 patients by motor corps and taxicab. The value of social service in ensuring this continuity of treatment for very ill patients has been clearly shown in one of our special clinicsthe "Special Breast Clinic." Here patients are limited to those with advanced disease needing close medical supervision. Interruption of treatment has been almost completely eliminated because, at the outset of treatment. one of our medical social workers is included in the professional team. She is able to evaluate the social situation at the start and to take immediate action to offset any obstacles to continuing treatment. Also, because of her closely knit teamwork with the doctor and nurse, she is constantly aware of the entire medical and nursing picture throughout treatment. In a setting like this her work with the patient is obviously much more effective than it would be if she were called in only in cases where social and emotional problems had already delayed or prevented treatment.







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Medicine and Pharmacy

On the FULL-TIME PRINCIPLE in Hospitals

E. M. BLUESTONE, M.D.

Director Montefiore Hospital New York City

THE full-time principle for top ranking physicians in hospitals is the answer to many of our prayers. It seems a pity, yet this principle has only had a limited vogue. The chief reason for this is that we are still practicing unsound hospital economics, most of those who have had it under consideration having thought of it in terms of financial loss without taking into account a number of significant gains. You can count the hospitals which have carried out the fulltime principle on the fingers of both hands but all of them, without exception, are among the very best of American hospitals. They have won, with a relatively small investment, that intangible asset which we have come to know as quality, and they reap a handsome reward in communal good-will. You will find a minimum of clinical waste in these hospitals, and a maximum of the desirable byproducts of medical education and research, and there you will find the leadership.

JUDGED BY CONSULTATION INDEX

Your hospital is judged, in large part, by its consultation index. For this is the expression of modern group practice in hospitals and allied organizations. Have your top ranking consultants the time to devote to duties like these, or are they in a hurry to get through with their rounds on the wards, selecting "interesting" cases for their special attention while giving neighboring patients a let-down feeling of neglect? Are they in a hurry to get to another hospital in order to repeat this procedure, or to return to their lucrative practices with which the hospital cannot hope to compete if they prefer riches in money to riches in medical science? Do they have the time to devote to young and promising physicians who look up

to them for inspiration, and to social workers who seek them out eagerly for help in completing the clinical picture by bringing hidden factors into view?

The voluntary members of the attending staff are badly conditioned psychologically for their jobs. Most of them labor under the impression that they give something for nothing. Many of them make no financial contribution to the charity chest of the community because they feel that they are doing enough in the form of free service as a gift in kind to the hospital. Others are conscious of this handicap of voluntariness and sigh for the day when they will be paid a good wage for full-time service which will lift an economic pressure from their shoulders and leave them free to live like the scientists which they had been trained to be.

The standardizing bodies insist on conferences and more conferences, and they like it better when men of science scourge themselves for their clinical failures in the presence of their colleagues. The suffering and discomfort of the sick require no less, but someone must pay for the time that it takes to see these conferences through profitably and completely. Otherwise the physician feels compelled to feather his nest, and he does this by collecting from private patients who thereby inherit most of his valuable time. Few physicians will concede that prestige and practical experience are adequate payment for voluntary service in hospitals. Yet, as a sheer matter of survival, all of them collect these precious intangibles and use them to improve their private incomes. Can the hospital keep faith with its ward patients while paying its doctors in this kind of coin? After all is said and done, the ward patient, though financially embarrassed, pays such hospital bills in other and less desirable ways.

Look at your patients' charts on the wards or in the record room and you will see some of your scientific activities in this mirror of hospital service. Show me your charts and I'll tell you what kind of hospital you have. Like the consultation index, the patient's chart is a revealing measuring rod. Does the volunteer physician have the time to devote to this phase of medical science? The patient's record should be a masterpiece of logic, which can be joined with the next record of its kind to yield valuable conclusions. You can readily tell the hospital practicing the full-time principle from the one practicing the voluntary principle by an examination of medical charts. The full-time physician is far more likely to be tenacious and unhurried in such matters, and more patient with trying situations, than the voluntary physician with his sporadic visits, made mostly in response to urgent calls, can possibly be. That the full-time principle can be a tonic to the hospital executive goes without saying. It stimulates the creation of new ideas every minute of the day and cures the unwholesome psychology of him who fears to look a gift horse in the mouth.

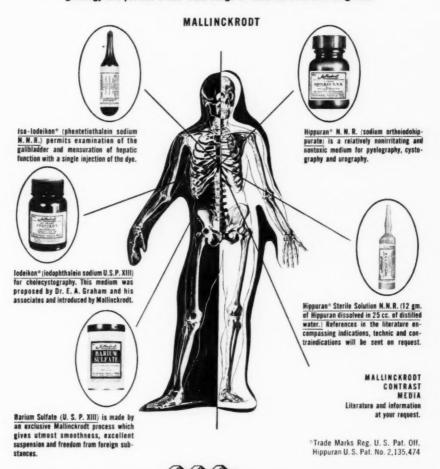
HOW ABOUT POSTOPERATIVE CARE?

We are all grateful for the operative skill of surgeons in hospitals, but how about the postoperative care, which must naturally be on a very personal basis? Can such care possibly be as direct, as patient, and as sympathetic to the sick poor in the wards when the doctor volunteers his serv-

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ices as it is when he is on full time? Under which of these two circumstances can he better serve the patient and, at the same time, the younger generation that is trying to learn from him? The right to prescribe involves a physician in the obligation to follow up. As a matter of routine, discharged ward patients are transferred to the jurisdiction of the outpatient department mostly because the volunteer serves on a limited-time basis. The patients in this department are too often looked upon as an excessive burden with the result that the physician does not often see the later results of his ward care. Much of it is done by deputy. One of the results of this arrangement is that he reports "cures" at medical society meetings prematurely and, to a degree, unscientifically. The wound may heal by primary union, but much "pathology" may be lurking below the surface which requires skilled and patient probing because of its possibilities for future harm.

CAN BE OF GREATER SERVICE

There can be no doubt that fulltime chiefs of division have a much wider opportunity to know their hospitals in detail and therefore to be of greater service to the management than volunteers can possibly be. In this wider, deeper and more detailed knowledge of the hospital they can serve their governing boards more wisely in advisory committees, and more thoroughly in their daily activities.

Whatever may be said about the private practice of medicine as a means of earning a livelihood, and much of it is undoubtedly good, there is no competitor for the full-time principle in positions of medical leadership where men serve all economic strata of the sick completely and continuously without regard to any other consideration than the medical cure and social rehabilitation of the patient. No man working under the full-time principle can be suspected of commercializing his service, for such a man has foresworn comparative luxury in favor of comfort, while serving the cause of medical philanthropy without the diverting influence of the individual fee. The dean of one of our best American schools remarked recently that he cannot interest his students in the science of social medicine as long as the de luxe limousines of their teachers are parked



outside the school doors as object lessons, because every student knows with what they are purchased and how one comes by the wherewithal.

The headache of overhead costs in private practice does not afflict the full-time man, for his office is in the hospital and such worries have been lifted from his shoulders to be dealt with by those who are skilled in such matters. His one great concern has been lifted from his mind and he is left free to practice the science of medicine as his better nature dictates. It has been argued that the full-time physician must give up some of his independence when he becomes subservient to his single trustee-employer, rather than to a group of patientemployers who provide him with a measure of safety through sheer numbers-but, independence to do what? To practice alone while the four walls, like dead men, tell no tales? To charge whatever the traffic will bear, as some do, while rebelling inwardly at the necessity of practicing medicine that way? There are relatively few distractions under the fulltime principle.

A study of priorities in the life of the volunteer hospital leader in his specialty yields a number of interesting observations. Unsatisfactory attendance in wards, and especially in the outpatient department, lack of time for educational duties, research duties, the practice of social-medical principles and the principles of preventive medicine are due to the pull of private practice where, in addition, a man does not have to give as complete an account of himself as he does when he is under full view in the hospital. We do well in our hospitals considering such handicaps and such competition but we can do far better, as a few noteworthy demonstration projects have proved. If the laboratories require full-time leadership why not the wards?

The volunteer chief of division is less patient with organizational prob-

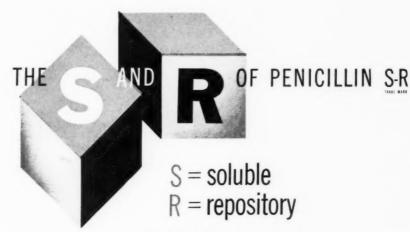
lems, with essential and sometimes vital community work, and with other clinical and administrative department heads, and this is often proportionate to the distance which separates his office from his hospital or hospitals. There is too much tendency for the volunteer to favor his juniors in order to invite custom and improve patronage which is at their disposal. Please do not think that I am complaining here about the commercial by-product of fee-splitting which afflicts the lowest types in an otherwise noble profession. There are, in effect, subconscious substitutes for the passage of money outright from senior to junior and these should be on our conscious minds. There are subtle rewards for patronage in the form of appointments and promotions which we must not overlook when we plan the best qualified, the most disinterested and the cleanest service for our parients.

ATTRACT MORE STUDENTS

Let it not be said that full-time chiefs of division deprive any number of volunteer staff men of work in the hospital on the theory that full-time men cover more ground and leave less work for volunteers to do. On the contrary, full-time leaders attract more men who are eager to serve, to learn, to teach and to investigate under the best possible medical auspices, under teachers who serve their students as they did in college days.

Completely successful volunteer service is exceptional and mostly of a routine nature. The good things in hospital life require the prescription known as "tincture of time" and any practicing physician will tell you that "time is money." "Public health is purchasable within reasonable limits" and it is worth the price.

The house staff, consisting of residents, interns and externs, must lean heavily on its seniors. In any other case its service, in return for pinmoney and maintenance, would be a palpable exploitation. The hospital must teach these young physicians good habits and this cannot be done more effectively than by the full-time principle, where the chief of division keeps open house for these men and serves them a full loaf and not half a loaf, or only crumbs, for their educational repast. It is true that few men are available at the moment for such full-time leadership. This is be-



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DETROIT 32. MICHIGAN



cause few men have been trained in this tradition and sufficiently dedicated to its possibilities, but the sooner we follow the lead of the better university hospitals, the sooner will this shortage be relieved.

Although, as I have written, the trustees and the administrator of a hospital hesitate to look a gift horse in the mouth and accept what they can get at less expense to the hospital from volunteer chiefs of division, there are times when discipline must prevail and it is during such trying times that this hesitation is intensified. Each side to any possible controversy is conscious of its strength and of its weakness and there is too often a tendency to accept the situation without change. It is true that a volunteer chief of service must produce in order to maintain his post in the hospital, but productivity is a relative term which takes on new meaning under the full-time principle.

MUST STICK TO PROBLEM

Scientific and humanitarian vigilance, which is such an important ingredient of hospital life, can be exercised far more effectively under the full-time principle. It is not enough for the distant doctor to be "on call" outside of rounds. The patient must not be required to seek him out by exhibiting agonizing signs and symptoms. The doctor must not wait to be called, in violation of the best that we are taught in preventive medicine. He must stick to his scientific problem tenaciously until it is solved or every effort is exhausted in its solution.

We are living in a new medical age as a result of the conquest of the infections and a few other gifts conferred on us largely by men working full time in the clinic and in the laboratory. As a result, we can look forward to more years of life than ever before. More problems in prolonged illness confront us with the need for high concentration of effort, and medicine is a more challenging discipline than the man will admit who thinks that anyone who knows how to administer penicillin these days can practice medicine. The specialist working outside of the medical group works at a disadvantage. The trends are toward the practice of group medicine, preventive medicine, social medicine and psychosomatic medicine and these require completeness, comprehensiveness and continuity. This means that we must purchase the doctor's time and not invite him, when he is in a position of medical leadership, to provide this partial service as his gift to charity. You never saw a doctor turn away a paying "chronic" patient from his office as he does a free patient.

Never place an obstacle between the doctor and a sick man and remember that distance is an obstacle. A doctor's office on hospital grounds gives him a tremendous advantage, in his nearness to his hospital classrooms and laboratories, which his patient shares. Nor do the hospital executive and his board remain outside these benefits. Problems in construction and equipment are discussed with less wear on the nervous system, in better detail, and with closer attentions.

tion when the doctor is at hand and must lose no time in travel or other distractions. Full time not only involves the establishment of an office on hospital premises, but goes farther and keeps the chief of division on hand throughout the day. Under this plan the doctor is also to be found in the medical library of the hospital where he enjoys a reasonable proportion of his full time.

In Montefiore Hospital, New York City, an affiliated hospital of Columbia University, where every chief of division serves on a full-time basis and holds academic rank, the absolute cost of the full-time principle is approximately 2 per cent of the total budget, this principle for the various laboratories having been accepted long ago. We look upon our wards here as clinical laboratories which require the presence of full-time men quite as much as do the laboratories for the basic sciences. The resulting improvement in quality of service raises per capita costs somewhat farther but, on the other hand, there is a quid pro quo in the added income from private clinical and laboratory services to offset most, if not all, of this cost. In the long run, money is the cheapest kind of payment for good hospital service, and the most productive, assuming that the incumbents of fulltime posts have been selected care-

NO QUESTION OF FEE

Physical therapy, occupational therapy, and rehabilitation in general are more readily administered and applied by prescription when the physician serves full time than if he serves on a voluntary basis. Such prescriptions of treatment, like good medical social service, do not command good fees in private practice, but no question of a fee need disturb the physician under the full-time principle. As a result of good practices like these, the chief of division is held in higher esteem in medical society and in the medical literature and the hospital shares in the achievement. With a higher quality of division chiefs, patients as well as doctors will beat a path to your door.

That this is excellent public relations goes without saying. It is good to have a high quality of constant care from physicians, with undivided loyalties, immediately available. It is on this kind of care that the reputation of a hospital should be won.

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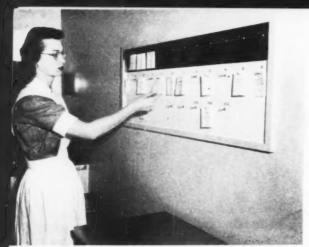
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Above: Selecting medications is easy with the new board. Below: A student learns the right way to pour medicine.

ALL'S QUIET IN THE MEDICINE ROOM

BETTY BORCHARDT, R.N.

Supervisor of Medical Floors Huntington Memorial Hospital, Pasadena, Calif.

T ELEPHONES rang. Doctors and visitors walked up and asked questions. Other nurses pushed by to get to the charting desk. In the midst of all this was our small medicine cabinet - and the medicine nurse was finding it next to impossible to concentrate upon the procedure of medication, preparation and administration.

At this time we were asked to institute the patient method of nursing care in place of the traditional functional system which was then in use. At the request of the director of nurses a committee was set up in the fall of 1948 to study the situation and make recommendations for improve-

First we looked for a larger space for a medicine cupboard - 21/2 by 4 feet was just enough space in which to keep the medicines for 46 medical patients. There was a room close to the nurses' station which was used for storage purposes and contained two fairly large cupboards. With the addition of more cupboards, a stainless metal sink, and a small apartment house style refrigerator we could visualize a medicine room, isolated from the hustle and bustle of the station, yet close enough to be reached quickly with new orders, and large enough to incorporate all the medi-

Planning for the patient method of assignment of nursing care called for revision of the medicine card sysrem. We used blank, 115 inch square cards with different colors for the different hour sequences. These colored cards were so small that they frequently got lost; they were not

large enough to indicate pertinent in- hook - and then goes back to the formation. These cards were kept in a small box with about six spaces for the sequences, and it seemed to require almost continuous handling to sort them for use.

The committee decided to recommend new white cards 112 by 2 inches in size which provide for specific information as to room number, patient's name, medication, dosage and administration time. The cards are punched at the top and then are hung on hooks which are screwed on a board about 4 feet long and 2 feet high. The board is painted part black and part white with the hours from 7 to 6 spaced along the length of itthe cards hanging from the hooks on the black part indicate night medications, the white part indicates day medications. As a medication is given at 9 a.m. and charted, the card is then hung on the hook for the next time the medicine is due-1 p.m. for example. Following the 1 p.m. dose, it is next hung on the 5 p.m.

9 a.m. hook ready for the next day.

This general plan was borrowed from Methodist Hospital in Indianapolis; however, we have added a few other hooks for special things, such as I.V. medications, and the cards for the patients who have special

Upon completion of the study, the committee submitted its plan to the faculty and head nurses for discussion and approval. It was unanimously agreed upon that this committee send its recommendations to the administrator, Alden B. Mills, for approval, which was promptly given.

We now have a quiet medicine room which is large enough to hold all our medicines, including those needing refrigeration, and a medicine board and card system which has been extremely helpful in the successful introduction of the patient method of assigning nursing care. We feel that these changes have produced a higher standard of patient care.





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¹Rossien, A. X., and Victor, A. W.: The Influence of An Antacid on Evacuation of the Bowels and the Fecal Column, Am. J. Dig. Dis., 14:226, July, 1947.

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A FORMULARY HAS ECONOMIC VALUE

WE CANNOT escape the fact that hospitals are in business. We buy services and resell them to the patient; this is especially true in the nursing, laboratory and x-ray departments. In the pharmacy department we buy commodities as well as services and here we must consider business methods more than we do in other departments. In pricing our sales to the patient, we should consider several factors. Our prices should approximate those of commercial pharmacies for we should not undersell taxpaying business: neither should we overcharge the patient for he has little or no choice in selecting his distributor while he is hospitalized. The pharmacy of the hospital cannot employ the usual expedients of commercial institutions to increase volume, and therefore profits, but must rely on economy measures. Technics and services offered by the department must be simplified and standardized. A most important economy measure is the reduction of the inventory. This must, of course, be kept within reasonable limits so that the patient will not suffer from the lack of needed pharmaceuticals.

WHAT TURNOVER WILL DO

One of the best methods of reducing the inventory and still rendering good pharmaceutical service is to adopt a formulary. When we have a formulary we can do as much business, and sometimes even more, with a smaller inventory as we would with a large one because of increased turnover of stock. To show what turnover of stock will accomplish, let us use the following illustration: It has been estimated that the cost of merchandise sold represents from 65 to 70 per cent of the sales. So if the pharmacy sells \$100,000 worth of commodities per year, the cost of the merchandise, using the 70 per cent estimate, is \$70,000. If you had two turnovers per year you would divide the \$70,000 by two and your cost of merchandise would be \$35,000. If you had five turnovers of stock per vear the cost would be \$70,000 divided

HANS S. HANSEN
Administrator
Grant Hospital
Chicago

by five or \$14,000. Each turnover will reduce the amount of merchandise needed to produce the same volume of business.

To understand how a formulary will aid in the reduction of the inventory one should understand the background of the distribution of pharmaceuticals. As the various pharmaceutical manufacturers develop their new products they send their representatives to the medical profession to acquaint it with the therapeutic application and value of such products. If one manufacturer presents a new antihistamine agent it will not be long before the others will present their particular version of the product. Soon the physician will have a goodly number of these from which to choose. For the most part, none has any demonstrable advantage over any of the others and before long the hospital pharmacy will have to stock four, five or more antihistamine agents of different manufacture. The same will be true of liver preparations, vitamins, sulfonamides, antibiotics and the whole gamut of pharmaceuticals.

Let us now illustrate what takes place without the benefit of a formulary, using Vitamin B Complex Brand X as a stocked item which, we will say, costs us \$10 per bottle of 1000 capsules. These we will dispense in various amounts to return \$20 to the pharmacy when all have been dispensed. During the year we will dispense 10 bottles, returning \$200 to the pharmacy on an investment of \$10. Now a member of the medical staff believes that he must have Vitamin B Complex Brand Y to get the best results with his therapy. So he prescribes this brand and the pharmacy must stock this new brand to meet his requirements. Using the same figures as before we have \$20 invested instead of \$10, but do we dispense any more

Vitamin B Complex because we now have two brands? No, because our patient requirements are the same as before. So we will dispense some of each of these two brands to total 10 bottles. We have \$20 invested returning \$200, and for every additional brand we increase our investment and lower our turnover.

Before we demonstrate how the introduction and use of a hospital formulary will reduce to a minimum such duplication, we should have a clear understanding of it. First, and most important for the successful application of the formulary, it must be the work of the medical staff through the efforts of its therapeutic or pharmacy committee. The pharmacist, as secretary of this committee, should do a thorough job of explaining to the members of the staff that the adoption of a formulary is not an attempt to limit or prescribe their therapy. They should understand that it is hoped by the use of a formulary to reduce the items carried in the pharmacy inventory by eliminating duplication of pharmaceutical preparations of the same basic drug. The medical staff should be told that it will be the final judge of what is to be included in the formulary, i.e. items to be added in the future as well as those to be deleted from time to time

COMMITTEE REVIEWS REQUEST

We will now assume that a formulary has been completed and adopted by the medical staff. To use our previous illustration with Vitamin B Complex. Brand X has been included in the formulary. Now comes a staff member who wishes to use Vitamin B Complex Brand Y. He must now submit his request to the therapeutic committee, setting forth the various reasons for his request. If on review the committee finds that Vitamin B Complex Brand Y has no therapeutic or other advantages over Brand X already listed in the formulary, the staff member's request will be denied. If, on the other hand, Brand Y does offer

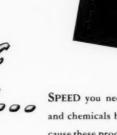
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some therapeutic or other advantages, the staff member's request may be granted.

If the medical staff is continuously made aware of the economic value of this measure it will cooperate. I wonder if we do not overlook the importance of taking the medical staff into consideration in all phases of hospital

problems. Usually we only consider the staff when professional problems arise. I am sure that we would receive its full cooperation if it was made aware of all the problems that affect the hospital.

The formulary can be used successfully only when it is controlled by the medical staff. But, in the final analysis,

its success rests with the pharmacist. He must spark the therapeutic committee, call the meetings and prepare the requests submitted, assembling all the necessary facts and information on the various items to be considered. The committee must have regular stated meetings; it must not let the formulary fall into disuse by default.

Notes and Abstracts

Prepared by the Committee on Pharmacy and Therapeutics University of Illinois College of Medicine, Chicago 12

Adaptation to Stress:

PITUITARY-ADRENAL MECHANISMS

Historical

IN 1914, the distinguished physiologist, W. B. Cannon, first elaborated the "Emergency Theory." Cannon postulated that when an animal was exposed to stress, such as anger, pain or fear, a reflex discharge of the adrenal medulla occurs with the outpouring of large quantities of epinephrine into the blood stream. The epinephrine effected a mobilization of glucose (as a ready source of energy), increased the heart rate, raised the blood pressure, redistributed the blood to vital organs, and so forth, all of which prepared the animal for fight or flight as the occasion demanded. In Cannon's time, little was known about the physiology of the adjacent cells in the adrenal cortex except that adrenalectomized animals died. The adrenal was at least essential to life. Within the last 10 years, great strides have been made in elucidating the rôle of the adrenal cortex in relation to all types of nonspecific stress. In addition to causing a release of epinephrine from the adrenal medulla, stresses such as extremes of temperature, pain, noxious drugs, hemorrhage, trauma and psychic disturbances were found to effect an adrenal cortical discharge with the release of many types of steroids into the blood stream.

Cytology and Cytochemistry

Microscopic and chemical examination of the adrenal glands in experiment.1 .nimals following exposure to noxious stress has yielded valuable information on the rôle of this important endocrine gland in the body economy.

The functional elements of the adrenal cortex are large polygonal epithelial cells. Differences in the architectural pattern of the cortex have led to a division of the cortex into concentric layers, which from the periphery inward are termed the zona glomerulosa, zona fasciculata, and zona reticularis. The intimate relationship between the anterior pituitary gland and the .drenal cortex is demonstrated in the hypophysectomized animal where the zona fasciculata undergoes atrophy. In the same animal, however, the zona glomerulosa actually hypertrophies. It has been demonstrated that the anterior pituitary secretes a hormone, adrenocorticotrophin (ACTH), which maintains the function and integrity of the zona fasciculata. On the other hand, the zona glomerulosa appears to function independently of the pituitary. Injections of concentrated extracts of ACTH into normal animals produce marked hypertrophy of the adrenal cortex which

involves primarily the zona fasciculata.

Chemically, the adrenal cortex is rich in lipids (triglycerides and steroids) and ascorbic acid. Furthermore, it has been shown that the cholesterol and ascorbic content of the cortex parallels the steroid content. Thus, in the hypertrophied gland, the ascorbic acid and cholesterol concentration is high, and conversely in the atrophied gland the levels are low. It is therefore possible chemically to estimate the functional activity of the adrenal cortex in experimental animals.

Adrenal Cortical Steroids

CHEMISTRY:

As many as 26 steroids have been extracted from the adrenal cortex. It remains to be defined which of these are naturally occurring and which owe their configuration to the rigors of the purification procedures. Three groups of steroids have been isolated from the gland:

Group 1. Steroids without an oxygen atom on the C-11 position, e.g. desoxycorticosterone (DOCA)-desoxycorticosterone acetate).

Group 2. Steroids *uith* an oxygen atom on the C-11 position, *e.g.* corticosterone, compound E, etc.

Group 3. Steroids related to the sex hormones, e.g. androgens, estrogens and progesterone.



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Desoxycorticosterone

11-Dehydrocorticosterone (Compound "A")

Corticosterone

11-dehydro-17 hydroxycorticosterone (Compound "E")

The chemical structures of some of the steroids in the first two groups are depicted above.

Physiology

Interesting relationships between chemical structure and physiologic activity have been demonstrated for the various steroids. In general, the so-called C-11 steroids possess the following activities:

1. Carbohydrate and Protein Metabolism. In the adrenalectomized animal or in a patient suffering from

adrenal cortical insufficiency (Addison's disease), the liver glycogen stores are depleted and hypoglycemia exists. Under these conditions, the C-11 steroids will effect deposition of liver glycogen and an elevation of the blood sugar. The C-11 steroids have thus been termed glycogenic corticoids. The administration of compound E and other C-11 steroids will also depress the utilization or oxidation of glucose by the tissues and elevate the blood sugar.

The glycogenic corticoids effect in-

creased protein breakdown (catabolism) as a source of carbohydrate, with an increase in urea and uric acid formation as result of the nitrogen released from protein. Thus, the uric acid levels of the blood and urine rise after administration of the C-11 steroids.

2. Fat Metabolism. Obesity is an invariable sign in clinical cases of Cushing's syndrome where hyperfunction of the adrenal cortex has been demonstrated. Similarly in rats, administration of C-11 steroids has resulted in obesity. Therefore, it appears that these steroids affect fat metabolism in addition to carbohydrate and protein metabolism.

3. Lympholysis. Administration of the C-11 steroids to normal animals will cause involution of the thymus and lymph nodes with the liberation of gamma globulins and immune bodies. During this "lympholysis," the lymphocyte count falls and, interestingly enough, the eosinophil count also falls. The mechanism of the fall in eosinophils is difficult to explain since it is known that they are formed in the bone marrow rather than in lymphoid tissue. The fate of the disappearing eosinophils remains an unsolved mystery.

4. Salt and Water Metabolism. Although the C-11 steroids may cause some increased excretion of sodium and potassium, they are not as intimately concerned with salt and water balance as is DOCA. DOCA is primarily concerned with the conservation of sodium and water. Administration of DOCA to normal animals will effect Na+ retention with an elevated plasma Na+ and a lowered plasma K+. The Nat retention may lead to hypervolemia, hypertension and edema, as occurs in Cushing's syndrome. Conversely, in the adrenalectomized animal or in clinical Addison's disease, large quantities of Na+ are lost through the kidneys with a retention of K+, leading to a hyponatremia and hyperkalemia. This situation can be corrected by the administration of DOCA

5. Pituitary Inbibition. Administration of the C-11 steroids to an animal exposed to a fixed quantity of stress, e.g. histamine, will inhibit the release of ACTH by the animal's pituitary. No response in the ascorbic acid or cholesterol level in the animal's adrenal cortex following stress is evidence of pituitary inhibition. The C-11 steroids are more active than is DOCA



in inhibiting the pituitary during stress. This is further evidence emphasizing the greater importance of the C-11 steroids in adaptation to stress and also indicates that the secretion of DOCA seems to be independent of the anterior pituitary.

Reactions to Stress

Experimental evidence has built a very strong case for the participation of the adrenal cortex in animals' response to stress. It has been shown that many varieties of noxious stress applied in sufficient intensity and for significant duration (short of killing the animal) will effect adrenal cortical hypertrophy. Stress will not cause adrenal cortical hypertrophy in the hypophysectomized animal, however, and it is an established fact that hypophysectomized animals are sensitive to the deleterious action of noxious stimuli. Thus, it would appear that the secretions of the adrenal cortex are essential in the animal's adaptation to stress and that the integrity of the anterior pituitary is in turn important in regulating the activity of the adrenal cortex.

THEORIES

Various theories have been postulated to explain pituitary-adrenal cortex reactions to stress. Long, extending Cannon's "Emergency Theory," postulates the following:

days, the ascorbic acid and cholesterol tent of the zona fasciculata may actually exceed the control levels. The stress is unknown. During the "stage of resistance" to a given stress, Selye noted that animals were sensitive to the effects of a second stress.

If a stress is of sufficient intensity, it may carry the animal into the "stage of exhaustion" resulting in death. The adrenals of such an animal are completely depleted of ascorbic acid, cholesterol and steroids.

content of the gland may return to or even exceed the control levels. During this stage the gland hypertrophies. It has been postulated that during the first 24 to 48 hours of exposure to a given noxious stress, the animal is in an "alarm reaction" when cortical steroids are being utilized at a maximal rate. Strangely enough, during the stage of the "alarm reaction," the animal is resistant to the deleterious effect of a second noxious stress. Given a stress of such an intensity that it does not kill the animal, as it continues, the animal adapts to the stress and goes into what Selve has termed the "stage of resistance." It is claimed that with adaptation by the tissues to a given stress, the need for adrenal steroids diminishes. In this stage, hypertrophy of the adrenal cortex has occurred and the ascorbic acid and cholesterol conmechanism of tissue adaptation to

→ SYMPATHICO-ADRENAL → EPINEPHRINE RELEASE DISCHARGE NOXIOUS STRESS -ANTERIOR PITUITARY ALTERATIONS IN
PHYSIOLOGY ENABLING CORTICAL
THE ANIMAL TO "WEATHER" DISCHARGE
THE STRESS RELEASE OF ADRENOCORTICOTROPHIC HORMONE (ACTH)

On the other hand, Sayers and Sayers visualize the following series of events:

NOXIOUS STRESS → DIMINISHED TISSUE LEVELS OF CORTICOIDS (INCREASED UTILIZATION) ANTERIOR PITUITARY INCREASE IN TISSUE LEVELS OF CORTICOIDS ALTERATIONS IN
PHYSIOLOGY ENABLING
THE ANIMAL TO — ADRENAL CORTICAL —
WEATHER" THE STRESS DISCHARGE

Cortical Responses

Within the first two to four hours following exposure to a noxious stress, the ascorbic acid and cholesterol content of the adrenal cortex falls, indicating release of steroids in response to stress. If the stress is continued for several

Clinical Applications

The rôle of the pituitary-adrenal axis in various disease states presents an exciting and challenging problem which is now the basis of intense investigation. Rheumatoid arthritis, gout, rheumatic fever, and mental disease

are but a few of many syndromes being studied. Two approaches are being explored.

(A) Aiming at the patient's adrenal cortex as their target, investigators are injecting ACTH and noting the effects of adrenal-cortical discharge on the disease state. Observations to date indicate that administration of ACTH (25-50 mgm. of Armour standard every six hours) to the normal human being will effect the following metabolic changes:

1. Fall in eosinophil and lymphocyte count

2. Rise in uric acid excretion and uric acid/creatinine ratio in the urine.

3. Increase in Na+ and K+ excretion with single doses. Na and K retention with repeated injections.

4. Rise in blood sugar and glycosuria (diabetic-like state resistant to insulin).

5. Rise in urinary levels of 11-oxysteroids.

6. Fall in blood glutathione levels. It is readily apparent that ACTH is a potent pharmacologic agent and must be used only under expert super-

(B) The other clinical approach consists of substitution or replacement therapy by the injection of purified steroids derived from the adrenal cortex. Compound E has been used in the treatment of rheumatoid arthritis with apparently spectacular results. This work is being extended under controlled conditions. Daily administration of 100 mgm. of compound E over periods of many weeks has been reported to produce no metabolic disturbances or toxic manifestations.

Summary

The pioneer work of Cannon and his Emergency Theory has been extended to include the rôle of the adrenal cortex in the so-called Adaptation Syndrome following exposure to noxious stress. There is an increasing awareness among investigators that adrenal cortical steroids participate in almost every phase of the animal's metabolism. Everyday stress and strain undoubtedly produce a chronic form of injury and insult to which the animal must adjust in order to survive. Elucidation of the rôle of the adrenal cortex in the stress reaction is a step forward in the direction of protecting the organism from the constant threat of noxious stimuli in its environment.-JULES H. LAST, M.D., Ph.D.

A Respiratory-Circulatory stimulant for the elderly patient

CORAMINE oral

"For the past 8 months, we have been utilizing Coramine . . . in ambulant patients, giving a history of definite anginal attacks and presenting evidence on physical examination or electrocardiographically, of coronary involvement. Our results have been so uniformly favorable that we feel Coramine is a very valuable drug in patients of this type."1

"Dramatic responses, however, are not usually found from oral doses, but rather a slow progressive improvement . . . "2

"Out of a group of 17 patients suffering from the chronic coronary syndrome, observed clinically over a period of several months, and treated solely with Coramine medication, 12 were considerably improved, kept free from symptoms, and maintained in reasonably complete economic restitution; 3 patients were slightly improved, and 2 unchanged. As an addition to the armamentarium of cardiac therapy, Coramine is suggested in therapeutic doses of 20 to 30 minims twice daily, orally. . . . "3

- Brower, J. L., and Korry, S.: Northw. Med., 35: 3, Mar. 1936.
 Stroud, W., and Twaddle, P. H.: Annals Int. Med., 24: 3, Dec. 1940.
 Cowan, J. H.: J. of Lab. & Clin. Med., 24: 3, Dec. 1938.

CORAMINE ORAL SOLUTION, bottles of 15, 45 and 90 cc.

PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

CORAMINE (brand of nikethamide)-Trade Mark Reg. U. S. Pat. Off.



MAJOR POINTS OF KITCHEN SANITATION

GEORGE K. HENDRIX

Chief
Division of Hospital Construction and Services
State Department of Public Health
Springfield, III.

ONE of the major problems of sanitation experienced in hospital kitchens involves the proper handling and storage of food. Food storage may be classified as dry storage and refrigerated storage. The important things to consider in dry food storage are simple but yet are overlooked in many hospitals. The room or rooms should be as rodentproof as possible with sufficient thought also being given to the exclusion of insects. Overhead sewer pipes should preferably not exist since leakage could contaminate the packages of food. The same is true for steam pipes to prevent high temperatures. Floor drains are not necessary in these rooms and at best can only serve to permit sewage to surcharge, contaminating food which is almost always stored directly on the floor, which is, of course, incorrect. Shelving should be provided for opened case goods with platforms, located away from walls and at least 6 inches above the floor, being provided for case materials. This permits easy cleaning and tends to discourage rodents from building nests. Cereal, cereal products, dry fruit and vegetables and the like should be stored in metal cans with tight-fitting lids.

REFRIGERATION A PROBLEM

Refrigerated storage presents other problems in that mechanical equipment is involved to keep the temperature to a required degree. Without attempting to differentiate between refrigeration for meat, dairy products, vegetables, leftovers, and so forth, it is enough to say that this is one of the most important units in the kitchen and the one which frequently gives the dietitian the worst headache from a sanitary standpoint. In addition to maintaining a continuous low degree of temperature dependent upon the food to be stored, care must be taken to keep all foods whether packaged or

not from being placed directly on the floor. Floor drains should never be provided in walk-in boxes, neither should direct sewer connections be installed to reach-in boxes.

Since proper refrigeration depends upon air circulation, emphasis must be placed on proper storage of goods so as not to interfere with this circulation. Furthermore, it is just as important that all containers of food be properly covered as it is that such food as ground, raw meat be stored so that it is not more than 4 inches in thickness in the container. It goes without saying that regardless of the number of ultraviolet lights installed in the refrigerator it still becomes dirty and still needs frequent cleaning. In far too many cases, the ultraviolet light is erroneously assumed to take the place of proper sanitation and therefore offers a false sense of security. I hardly need mention the importance of proper maintenance of motors and condensers except to stress that the cooling-water discharge-line from the condenser should not connect directly to a sewer because of back siphonage possibilities,

There seems to be no argument about the need for the refrigerated storage of certain items, such as raw meats, milk and milk products, raw vegetables, and the like. Food service personnel has not, however, been keenly aware of the importance of refrigeration of such foods as custard and cream filled pastries. Perhaps one reason for this has been a lack of proper interpretation of the most popular and best accepted food regulations in the United States-the U.S. Public Health Service Ordinance and Code Regulating Eating and Drinking Establishments. (Public Health Bulletin No. 280.) This bulletin states in part that "all readily perishable food and drink

shall be kept at or below 50° F. except when being prepared or served" and further that "all food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption." It is the interpretation of the U.S. Public Health Service that the terms "custard-filled" and "cream-filled" pastries are very general and are intended to include all types of pastry having cooked fillings of relatively high moisture content and containing milk or milk and eggs. If the filling is one which will readily support the growth of toxin producing staphylococci, it should be controlled by refrigeration as has been indicated.

Meringue consisting of egg and powdered sugar is known to support bacterial growth and must be refrigerated if stored before use. All pies topped with meringue regardless of filling should be refrigerated. If pastries are purchased from a bakery, they should be refrigerated in transit from the bakery to the hospital. Unless this is done, the purchase of such pastries should be prohibited. The food protection panel at the National Sanitation Foundation Clinic in July of 1948 specified refrigeration of the product except during brief exposure for sale or service, which period should not exceed one hour.

EQUIPMENT INSTALLATION

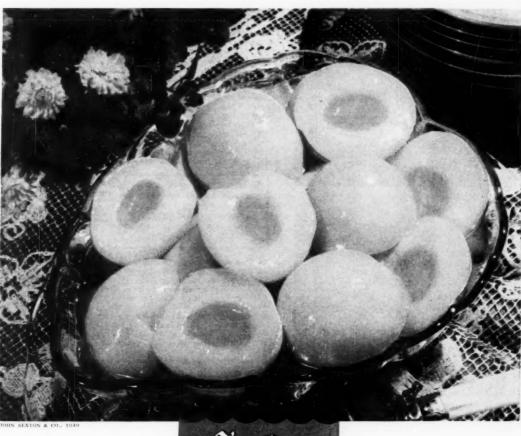
Much progress has been made in the past few years on the part of equipment manufacturers in an effort to develop equipment which meets all of the rigid standards of sanitation. Particular emphasis has been placed on the use of material which not only is durable and rust-free, but also possesses a smooth surface that is easy to clean. Corners are being rounded to

From a paper presented at the Tri-State Hospital Assembly, May 1949.

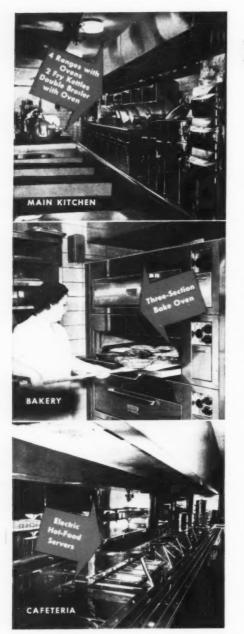


igilance . . .

First we choose the region . . . then the orchard. When the fruit is just ripe it is quickly processed and packed to keep the just-picked flavor. No skimping. Every can is chock-full of fruit, cushioned in rich, heavy syrup to keep it firm and tender. Perhaps a few cents more a can . . . but less per serving. That's our way with all fruits . . . watching every detail from orchard to your table. It means satisfaction and economy for you.



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As you walk through this ultra-modern time-saving, step-saving "assembly line" layout, you are impressed with the atmosphere of cleanliness and production efficiency. You note that the food has that "M-m-m, it's good" look.

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Couple these factors with the host of other benefits delivered by All-Electric Cooking, and you

> Grand Award Winners

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COOKING EQUIPMENT

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ALL-ELECTRIC COOKING # Hotpoir A General Electric Affiliate

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prevent the deposit of dirt and food particles in areas difficult to reach and to facilitate cleaning. Some thought has been given to the design so that certain pieces of equipment can be easily dismantled for cleansing pur-

It was originally felt that kitchen equipment had to be installed against a wall in order to be serviceable and functionable. In many instances where there was not sufficient wall space, a partition 6 feet or so in height would be erected in the middle of the room to separate such items as ranges, steam cookers and bake ovens. With advanced knowledge of sanitation, hospital architects of today are planning kitchen layouts so that as many pieces of equipment as possible are located away from the walls instead of against them. In those cases where equipment must of necessity be located at a wall, its installation should be such that there is no space for the collection of dirt and food particles or for a passageway for insects between the wall and the equipment. The trend is also for as many items as possible to be placed on casters so that they can be moved from one location to another. One can understand why it is difficult to keep some kitchens clean when the equipment has been so located as to make this task almost impossible.

Food service equipment, as well as many other items in a hospital, represents a large financial investment. In too many instances this equipment is subjected to undue abuse owing primarily to carelessness but also to lack of knowledge on proper operation. If the equipment is to pay for itself in terms of years of service and if it is to maintain its good clean appearance, it must be taken care of. No better policy on maintenance can be practiced than to instruct all operators how to use the equipment. While natural deterioration is impossible to control, it can be retarded if employes are taught not to abuse the equipment and if proper maintenance and repair are observed.

It usually falls to the dietitian to teach the employes how to operate and clean certain pieces of equipment. She will, however, look to the engineer for the formulation of maintenance procedures and once these are made they should be rigidly followed. The engineer is expected to check and care for the motors and equipment, to apply oil or grease where indicated, and to make certain repairs if necessary. The

types of equipment will dictate whether they are checked by the engineer on a weekly, bi-weekly or monthly basis. Factory men who service and repair food equipment say that if equipment is properly cleaned every time it is used, repair and maintenance could be out in half

Sanitation without proper maintenance is futile. Even though the finest of equipment and materials are used in a kitchen, they can deteriorate if they are not kept properly cleansed. A vivid example of this is a smooth, crack-free terrazzo floor which is not properly cleansed of greasy foods or is scrubbed with a strong detergent. The cement which holds the marble chips together soon weakens and becomes pitted. The same is true of the mortar between quarry-tile squares or of a composition floor covering. Mopping with dirty water or with dirty mops will not remedy the situation. For the time being and until modern chemistry has developed something better, soap and clean water will be the best materials available. I understand, however, that progress is now being made toward the development of a soapless detergent which will cut some forms of dirt better than will soap and water themselves.

DISHWASHING

Of all of the progress made in the design and operation of kitchen equipment in the past few years, I do not believe there is any question but what the most significant development has been in the operation of mechanical dishwashing machines. Up until a few years ago, the owner of a restaurant or the food supervisor in a hospital kitchen cared little whether dishes were washed in water of a proper temperature and containing appropriate detergents, and no attention was paid to the dishrection of those dishes after the dishwashing process.

The National Sanitation Foundation in Ann Arbor, Mich., has spent considerable time on this supposedly simple matter of dishwashing and has found that dishes can be properly washed and sanitized if certain conditions are met. From this foundation have come certain recommendations which have been tested and are known to give good results. It recommends that dishes be prerinsed, after which they are to be placed in dish racks provided for that purpose. Placement in racks must take into consideration that the dishes cannot be properly cleansed

unless the wash water can be forced onto all areas of each dish. Dishes should remain in the machine for a washing period of at least 40 seconds to effect clean dishes. The wash water temperature recommended by this foundation is 130° F. but not higher than 140° F. since the higher temperatures tend to cook certain foods upon the dish instead of removing them. Following this washing period, dishes should be exposed to a rinse using clean water of at least 170° F. While the National Sanitation Foundation recommends a 10 second disinfecting rinse of all dishes, the Illinois Department of Public Health has felt that a factor of safety should be observed, therefore, we recommend a rinse period of at least 20 seconds. Tests have proved that dishes exposed to these proper washing and sanitizing processes not only are bacterially clean but also will air-dry, thus eliminating the necessity of using towels. After dishes have been properly washed and disinfected, it is only reasonable to demand that these dishes be protected in closed cupboards prior to their use at the next meal.

It has been only recently that any concern was given to the type or strength of detergent used in the dishwashing machine. Dishwashing machine operators have had the feeling that a detergent cannot accomplish satisfactory cleansing of dishes unless there is visible evidence of sudsing. Detergents have been developed today which have proved this fact to be untrue, for tests have shown that the sudsing action of detergents is unimportant in the cleansing process. Research indicates that a satisfactory detergent concentration is about 0.25 per cent using water of average hardness. While this concentration may vary to a minor degree for different types of detergents, studies have stressed the importance of maintaining this concentration during the entire washing period. This maintenance of proper concentration can' be accomplished by having the operator throw in a handful of detergent at intervals during the dishwashing period but this practice is not entirely acceptable because of the human element involved. This unreliability points to the need for the installation of an automatic detergent feeder which can be installed on any mechanical dishwashing

In general, there are three types of detergents available on the American market, the anionics, the nonionics and the cationics. The anionic materials are the fatty alcohol sulphates and sulphated nonglicerides. This type of detergent foams or sudses copiously, is unaffected by hard water and does not leave a scum in the dishwashing machine. It seems to remove fats and grease from dishes with a relative amount of ease.

The nonionic compounds can be used with the same degree of success in either hard or soft water. Sudsing, however, is not so noticeable as with the anionic compounds. Because the American public still maintains that sudsing is necessary, it is my understanding that research is presently being carried on to produce the nonionic compounds in a form which will provide more suds but still have the same detergent properties. This is being done purely from a marketing standpoint and will not affect the efficiency of the material. Since all of the nonionic compounds on the market today are in liquid form, these materials do have their limited appli-

Cationic detergents are considered relatively inefficient because of poor rinsibility and high cost. These materials, however, are recognized as outstanding bactericides and are commonly referred to as the quaternary ammonia compounds. The name cationic detergent is really a misnomer in that the accepted definition explains it as more of a sanitizing agent. Recent new developments of cationic compounds have merit in that it may be possible to combine the cleansing process and the sanitizing process into one operation. While the use of quaternary ammonia compounds is relatively new, there has been sufficient research on this subject to justify the Illinois Department of Public Health in accepting this material as a satisfactory sanitizing agent provided the solution is maintained at from 150 to 200 parts per million strength and all dish and utensil surfaces are treated for at least a 30 second exposure.

Until the development of a combined detergent-sanitizing agent has progressed sufficiently far to offer conclusively safe results, there seems to be no other practical alternative in sanitizing dishes and utensils in the hospital kitchen except by the use of hot water. Where dishwashing is accomplished by hand, the sanitizing process is carried out by the use of a sink or tank sufficiently large to ac-

commodate a wire basket of dishes. The basket of washed dishes should then be immersed completely in this water of 170° F. or higher and for a period of at least two minutes. If boiling water is used, the contact period may be safely reduced to 30 seconds. It will be necessary that a heating element in the form of steam coils or gas or electric burner be used to maintain the proper temperature throughout the entire dishwashing period. In a dishwashing machine this sanitization can be effected by a spray rinse using water of at least 170° F. for a contact period of at least 20 seconds. This high temperature water for rinsing may be obtained from a specially designed water heater located near the machine, may be piped in as a separate line from a heater in the boiler room, or a steam ejector-type fitting may be used to combine steam with the ordinary temperature hot water at the machine.

PLUMBING

Another item which should be of interest to the hospital engineer but which does not directly affect safe food is one of sanitary plumbing. There are certain items of equipment in and near the kitchen which must be protected both from the standpoint of back-siphonage of contaminated material into the safe water supply and from the possibility of surcharge of sewage into the equipment. Mechanical dishwashing machines vary considerably in design but from this particular standpoint of protection it is important that the water inlet to both the wash water and rinse water compartments be terminated at least 2 inches above the maximum water level. In cases where the design of the equipment is not in accordance with this standard, it is imperative that a properly designed vacuum breaker be located on each water line in such a way that it is on the discharge side of the control valve and is at least 6 inches above the maximum water level which can be attained in the machine. Whether the drain line from the dishwashing machine discharges to a grease trap, directly into the sewer or directly into a manhole outside the building there still exists the possibility of a surcharge of sewage into the machine under abnormal conditions. The most satisfactory way to correct this defect seems to be the installation of an open funnel connection in this drain line near the dishwashing machine with a sufficient airgap to prevent surcharge, or the discharge of the machine waste into an open receptacle on a floor below.

Insofar as steam tables and bainsmarie are concerned, the same type of protection should be provided for proper and safe operation of the fixture. The water supply pipe must either discharge into the unit with a freefall of at least 2 inches or should be protected by an acceptable vacuum breaker located on the discharge side of the valve and at least 6 inches above the maximum water level. The same type of funnel connection should be installed on the waste line as would be used for a dishwashing machine. The trend in design of these units has been to develop fixtures using electricity or gas as the heating medium instead of hot water. These new units have the advantage of cleanliness, safer operation and the ability to maintain separate temperature levels for individual compartments.

There have also been some changes made in the design of steam kettles which provide for safer operation in addition to durability and ease of operation. The primary advances in this field have dealt with a redesign of the lid to prevent drippage into the food being prepared and the provision of a better type of spigot for drawing off liquids. These new spigots are being made flush with the outer edge of the kettle and are designed to effect easy dismantling for proper cleansing.

Most of the vegetable peelers of latest design are constructed so that the water inlet to this piece of equipment cannot be submerged. In peelers in which this submergence of the water pipe is possible, however, back-siphonage must be prevented by the installation of an acceptable vacuum breaker on the water pipe located on the discharge side of the valve and at least 6 inches above the top rim of the equipment. The waste from this type of peeler should be through an open strainer not only to prevent the vegetable pulp from clogging the sewer but also to prevent a surcharge of sewage back into the equipment.

Toilet fixtures, whether located near the kitchen or elsewhere in the hospital, should be protected against backsiphonage. For the direct flush toilet utilizing a flushometer valve, the best solution is the installation of an acceptable vacuum breaker on the discharge side of the valve and at least 4 inches above the uppermost rim of

RECIPE FOR NUTRITIOUS BEEF STEW

that tastes better—longer! 6 gallons Carrots Potatoes Celery Leaves 9 lbs. Pepper Tomatoes 41/2 qts. Parsley (chopped) 10 oz. Bay Leaf Turnips Water 8 oz. 3 lbs Beef Fat 11/2 lbs. 21/4 gals.

1. Cut meat 24 pieces to the pound, brown beef, onions, salt, pepper in three-fourths of fat, add flour, and continue browning.

2. Add tomatoes and water, tie bay leaf, celery leaf and parsley in a bag and add. Simmer slowly.

3. Cut carrots and turnips 11/2" x 3/4"dice potatoes to 1 inch. Saute carrots and turnips in remaining fat.

9 oz. 3/4 oz. 4. After meat has simmered 1½ hours add sauteed vegetables. Continue cooking for 11/2 hours longer. Add potatoes 20 minutes before meat is done. 5. Five minutes before removing from fire,

Flour

add

You'll notice one wholly distinctive ingredient in this recipe. It's Ac'cent. Otherwise the recipe is quite usual. With Ac'cent added, this Beef Stew-rich and nutritious-will have an added fullness of natural beef-stew flavor that will sur-

Ac'cent intensifies, sustains natural flavor Ac'cent adds no flavor, no aroma, no color of

its own. It brings out the good natural flavors that are already in the foods. Ac'cent also helps conserve flavors-guards against "flavor-loss" in the waiting period from preparation to serving.

Use Ac'cent in meats, poultry, soups, gravies, seafoods, cooked vegetables, dressings.



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pure MSG (mono sodium glu-Ac'cent is a 99tamate in crystal form). It is a natural, not a synthetic product. It is the sodium salt of the amino acid, glutamic acid, which occurs naturally in all vegetable and animal protein. Ac'cent is wholesome and good. In 4 oz. and 1 lb. cans, and 100 lb. drums.

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- Veal Fricassee Baked Meat Loaf
- NAME
- ADDRESS CITY
- ASSOCIATED WITH (Institution or company)

the bowl. The conventional tank toilet can be made safe by the installation of an anti-siphon ball cock with the air opening a sufficient distance above the top of the overflow tube to prevent its submergence. While this discussion immediately previous to this point has dealt primarily with plumbing fixtures and equipment located in or near the kitchen, the same principles of protection should be provided in every installation in the hospital.

This is the first section of Mr. Hendrix' discussion. The second will appear in the October issue of the magazine.

FOOD FOR THOUGHT

Frozen Pork

If frozen pork is to be fine in flavor, it should be used within five or six months of the date stored, advises Kenneth F. Warner, extension meat specialist of the U.S. Department of Agriculture. When stored too long the fat in pork gradually becomes rancid and the meat loses its best flavor. Longer storage than six months

is practical only if all conditions are just right. Salt speeds up rancidity so storage time of frozen and cured meat should be shorter than that of unsalted meat.

As a reminder, Mr. Warner suggests labeling the packages with the date of storage so that none of the pork will be left in the freezer too long.

Beef, lamb and poultry hold their flavor longer than does pork in zero storage. If necessary, well wrapped beef and poultry can be kept satisfactorily as long as a year.

Meringue for the Pie

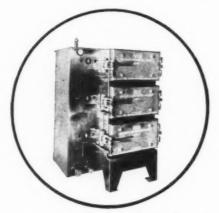
Meringue has long been a mystery, even to experienced cooks and pie makers. It may be soft and fluffy as a cloud when the pie goes into the oven, yet quite different when it reaches the dinner table. Familiar troubles are: shrinkage, "weeping," i.e. wateriness underneath, stickiness which makes cutting difficult, toughness and "beading"—small moist droplets over the surface.

Recent meringue-making studies, reported by the New York State Experiment Station, may help cooks avoid these difficulties. Secrets of fine quality meringue revealed in these tests are: whipping egg whites and sugar to just the right stiffness; placing a meringue on a hot filling; baking at 425° F. for from 4 to 4½ minutes.

For tender, moist meringue, able to hold its high fluffiness, the right amount of whipping is important. In the tests best results came from this method: Have the whites at room temperature. Add a pinch of salt for each white. Beat until the foam is relatively fine and forms rounded peaks when the beater is lifted out. Then add sugar gradually—two tablespoons for each white—and continue beating until the meringue is stiff but not dry.

Meringues baked on hot fillings in the tests cooked more evenly and were less likely to "weep" than did those baked on a cold pie. Baking at 425° F. for from 4 to 41½ minutes proved more of a protection against leakage than did baking at lower heat for a longer time, as many recipes recommend.

Beading, the tests showed, results from too long cooking, causing overcoagulation of the whites.



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• Only one of many items constantly being improved by Van. Not only is it automatically controlled by the door mechanism. The cooking operation in each compartment is also controlled individually by the use of electric time clocks so that the steaming period can be predetermined. No over-cooking. No baking after food is cooked. Every device that science affords insures safety of the operator and control of the cooking. Get the full facts in Van's Bulletin S.

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No Knife-Scraping Needed ... BECAUSE THERE ARE NO CREVICES



Seamless, sanitary top eliminates dirt-collecting crevices on all Blickman-Built Food Conveyors

• In ordinary food conveyor construction, wells are separate units, forming crevices where edges are joined to top deck. These crevices form natural traps for food and dirt particles. Usually, adhesions can be loosened only by scraping with a knife or other sharp instrument. Even then, deposits can't be completely removed. It is impossible to achieve real cleanliness. Extra time and labor are required every time the conveyor is cleaned.

Blickman's new seamless top construction, however, permits thorough sanitation. Round and rectangular wells are actually part of the top deck. Where edges of the wells meet the top, they form smooth, continuous, crevice-free surfaces. There are no recesses where dirt can lodge. Cleaning is quick and easy. Just wiping with a damp cloth keeps the highly-polished stainless steel surfaces bright, clean-looking, sanitary!



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Describing complete line of Blickman-Built food conveyors, including the widely-acclaimed selective-menu models. Contains detailed specifications.



Blickman-Built food conveyors alone offer the seamless, sanitary top as standard construction. Investigate this – and other essential features, before you buy your next food conveyor.

the New Selective Menu Food Conveyor

One conveyor now gives you a great variety of inset arrangements for your selective menus. Interchangeable square and rectangular pans can be placed in the rectangular wells in different combinations. Round wells are used for soup or other liquids, two heated drawers for special diets. There are many other interesting features—write for complete information.

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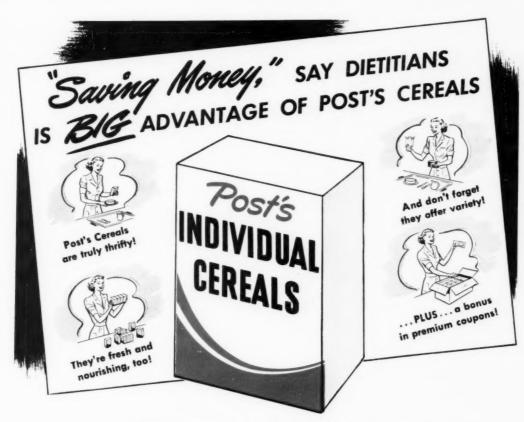


Menus for October 1949

Martha B. Mason Hospital Cottages for Children Baldwinville, Mass.

1	2	3	4	5	6
Fruit Juice French Toast, Honey	Orange Juice French Toast, Sirup	Grapefruit Juice Soft Boiled Eggs, Toast	Fruit Juice Scrambled Eggs, Toast	Mixed Fruit Juices Soft Boiled Eggs, Toast	Orange Juice Soft Boiled Eggs, To
*	Lamb Chops		Roast Lamb and Gravy	Beef Stew With	Bacon
Chicken Croquettes Mashed Potatoes	Mashed Potatoes Green Peas	Meat Loaf, Tomato Sauce Boiled Potatoes	Boiled Potatoes Buttered Beets	Vegetables and Potatoes Apple Salad	Browned Potatoes
ima Beans, Chili Sauce	Pickle Relish	Buttered Beets	Jelly Maple Ice Cream	Relish Cabinet Pudding With	Cabbage Beets
Lemon Pie	Chocolate Pudding	Sherbet		Marshmallow	Lemon Ice Cream
Tomato Cocktail	Tomato Soup, Croutons Potato Salad		Carrot, Nut and Raisin Salad	Sliced Meat	
Poached Egg on Toast	Potato Salad Biscuits and Butter	Lamb Hash, Chilli Sauce Wax Bean Salad	Baked Potatoes Sliced Tomatoes	Potato Salad Celery	Stuffed Tomatoes Escalloped Potatoe Carrot Sticks
Raw Vegetable Salad Grapes	Biscuits and Butter Butterscotch Square Apples	Celery Jelly Tarts	Cream Pudding With Whipped Cream	Jam and Crackers Cream Puffs	Carrot Sticks Jelly Roll
7	8	9	10	11	12
Tomato Juice Soft Boiled Eggs, Toast	Mixed Fruit Juices Soft Boiled Eggs, Toast	Fruit Juice Scrambled Eggs, Toast	Stewed Prunes Soft Boiled Eggs, Toast	Applesauce Scrambled Eggs, Toast	Soft Boiled Eggs, Toa
	Baked Beans	Fruit Cocktail			Roast Lamb
Baked Fish Mashed Potatoes	Brown Bread	Roast Chicken, Gravy, Stuffing	Roast Beef, Gravy Masked Potatoes	Swiss Steak With Gravy	Boiled Potatoes Mashed Squash
Stewed Tomatoes	Vegetable Relish	Stuffing Boiled Potatoes Fresh Vegetable	Mashed Potatoes Fresh Vegetable	Mashed Potatoes Fresh Vegetable	Mashed Squash Buttered Peas
Corn Bread Apple Pie and Cheese	Cantaloupe	Caramel Ice Cream	Apple Pie and Cheese	Chocolate Ice Cream	Steamed Chocolate Pudding
Asparagus on Toast	California Chicken Fried Country Potatoes	Spaghetti With Meat	Tomato Juice Country Fried Potatoes	Cold Meats	Omelet With Spanish
Tomato Wedges Muffins	Pickles	Sauce Perfection Salad	Peanut Butter Sandwiches	Lyonnaise Potatoes	Sauce Green Beans
Muffins Snow Pudding With	Apple and Celery Salad Cookles	Celery	on Crackers Fruit Bars	Lettuce Salad Hot Biscuits	Carrot Sticks Muffins
Raspberry Sauce	Fruit Cup	Brownles Canned Peaches	Blue Plums	Fruit Cup	Cookies
13	14	15	16	17	18
Orange Juice oft Boiled Eggs, Toast	Fruit Juice Soft Boiled Eggs, Toast	Applesauce Poached Eggs, Toast	Grapefruit Half Soft Boiled Eggs, Toast	Orange Juice Scrambled Eggs, Toast	Mixed Juices Soft Boiled Eggs, Toas
				Meat Loaf With Tomato	
Hamburger Steak	Baked Fish Boiled Potatoes Stewed Tomatoes	Baked Beans Brown Bread	Tomato Cocktail Roast Chicken, Stuffing	Sauce Boiled Potatoes	Chicken With Dumplin Boiled Potatoes Buttered Beets
Mashed Potatoes Boiled Onions	Stewed Tomatoes Corn Bread	Green Salad	Steamed Potatoes	Carrot Sticks	Buttered Beets Celery
lery and Carrot Sticks	Squash Pie, Cheese	White Cake, Chocolate Frosting	Fresh Spinach	Carrot Sticks Pickle Relish Steamed Chocolate	Indian Pudding With
Pineapple Ice Cream	Salmon Loaf		Orange Sherbet	Pudding, Hot Sauce	Marshmallow Sauce
Stuffed Tomatoes	Salmon Loaf Creamed Potatoes	Corn Chowder		Bacon Strips	Egg Salad French Fried Potatoes Pickles, Jelly
Creamed Potatoes	Celery Hot Rolls, Honey	Hamburger in Bun Carrot and Raisin Salad	Fruit Salad and Lettuce Crackers and Cheese	Potato Salad on Lettuce Pickles	Pickles, Jelly
Buttered Beets Fruit	Spice Cake Chocolate Milk	Sweet Relish Fruit Gelatine	Potato Chips Frosted Loaf Cake	Parker House Rolls Stewed Prunes	Hot Muffins Stewed Pears
19	20	21	22	23	24
Fruit Juice	Orange Half	Fruit Juice	Stewed Fruit		Orange Juice
ft Boiled Eggs, Toast	Scrambled Eggs, Toast	Soft Boiled Eggs, Toast	Soft Boiled Eggs, Toast	Fruit Juice Bacon and Eggs	Scrambled Eggs, Toast
Tomato Juice		Fried Fish Sticks		Roast Chicken With Stuffing	• With 6
Roast Beef, Grave	Roast Lamb, Mint Jelly	Mashed Potatoes, Chilli Sauce	Frankfurters, Ketchup	Stuffing Boiled Potatoes	Lamb Stew With Dump lings, Carrots, Onions,
Mashed Potatoes Mashed Squash	Boiled Potatoes Buttered Carrots	Escalloped Cabbage Corn Bread	Baked Beans Brown Bread and Butter Baked Apple With Cream	Green String Beans Carrot Sticks	Peas Boiled Potatoes
Green Salad Pineapple Sherbet	Lettuce Salad Custard Pie	Prune Pie	Baked Apple With Gream	Hot Biscuits	Carrot and Raisin Salad Grapes
e memppie Sierbet	Custard Pie	Creamed Asparagus on		Lemon Sherbet	urapes
rrot, Nut and Raisin Salad		Toast Baked Spinach Loaf	Mixed Vegetable Salad on Lettuce	Cream of Corn Soup	Creamed Chicken on Toa
Salad ried Brown Potatoes	Fruit Cocktail Baked Omelet	Pickles Hot Biscuits	Slicad Masts	Sliced Meats Potato Salad	Green Peas Relish
ot Biscuits, Honey Spanish Cream	Peanut Butter Sandwiches Peppermint Ice Cream	Fruit Gelatine With Soft Custard Sauce	Bread and Butter Sandwiches Fresh Fruit	Sugar Cookies Hot Chocolate	Hot Muffins Stewed Dried Fruit
	Topper and the dealer	Sort Custaru Sauce	Frem Prins	THE CHACOME	Stiffed Williams
25	26	27	28	29	30
Grapefruit Juice t Boiled Eggs, Toast	Mixed Fruit Juices Bacon Strips, Toast	Fruit Juice Soft Boiled Eggs, Toast	Fruit Juice Scrambled Eggs, Toast	Mixed Juices Soft Boiled Eggs, Toast	Sliced Peaches, Cream Bacon Strips, Toast
	Fricasseed Chicken		Tomato Cocktail	Baked Beans With	Roast Chicken With
Pot Roast Boiled Potatoes	Boiled Potatoes	Braised Liver		Ketchup	Stuffing Browned Potatoes, Grav Boiled Onlons
Beet Greens	Creamed Onions Pickles	Steamed Potatoes Buttered Beets	Boiled Potatoes	Frankfurters Brown Bread Sandwiches	Boiled Onions
Relish Celery and Olives	Tomato Salad Apple Pie	Apple and Celery Salad Brown Betty	Buttered Carrots Relish Hot Corn Bread	Brown Bread Sandwiches Prune Whip	Celery Baking Powder Biscuits
Cheese Roll	Apple Pie		Mincemeat Tarts	Creamed Asparagus on	Ice Cream
Channe Omerles	Spaghetti With Meat	Sliced Cold Meats		Creamed Asparagus on Toast	Sliced Meats
Cheese Omelet it Salad on Lettuce of Biscuits, Honey	Sauce Tossed Green Salad Whole Wheat Muffins	Potato Salad Sliced Tomatoes Nut Rolls	Tuna Salad on Lettuce Potato Chips	Buttered Rice Whole Wheat Muffins	Potato Chips Fruit Salad
ot Biscuits, Honey Sugar Cookies	Whole Wheat Muffins Stewed Apricots	Nut Rolls Stewed Prunes	Potato Chips Hot Biscults, Honey Sponge Cake	Pickles, Celery Apricot Chifffon Pie	Cookies Hot Chocolate
andar copercy	Stewed Apricots	Stewed Finnez	Sponge Care	Apricor Chimnon Pie	mot chocolate

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PUTTING PATIENTS' ROOMS IN THE BEST LIGHT

CHARLES L. CLAY, M.D., and WILLARD ALLPHIN

Respectively, Assistant Director, Massachusetts General Hospital, Boston and Applications Engineer, Salem, Mass.

IN AN effort to determine the most satisfactory methods of lighting for various needs, experimental installations of several types of luminaires were made at the Baker Memorial of Massachusetts General Hospital, Boston. In the first section of this article, various lighting problems were analyzed. In the second section in July, the changes made in several rooms in order to study the effects of different types of luminaires were described.

COMMENTS

CEILING v. WALL LUMINAIRES. The preponderance of opinion in the illumination engineering field is against ceiling-mounted luminaires in a patient's room, and we believe this opinion is shared to some extent in the hospital administration field. However, in wards general illumination means just what the name implies; it cannot be divided among the patients. Even in rooms for only two patients it seems reasonable to provide a method of lighting the whole room to a comfortable level. As for single rooms, one of us is still conservative enough to like gentle light from a location at or near the ceiling. Both types of ceiling luminaire were well received by all who used them - patients, their friends, doctors and nurses. Patients took kindly to head-wall luminaires and commented on the evenness of the light cast upon

their reading matter and upon the room. But such light came directly into the gaze of visitors sitting in the usual locations. Doctors and nurses coming into the room were subject to a pupillary reflex which undoubtedly interfered with their visual acuity toward objects inspected immediately thereafter and possibly for several minutes longer. The switching arrangements were not satisfactory to anyone for reasons to be explained.

With the cooperation of Richard O. West, superintendent of the Salem Hospital, Salem, Mass., similar experiments were tried, with an additional variety for single-bed cubicles, subdivisions of a ward, as shown in Fig. 13. One pin-up fluorescent luminaire was mounted horizontally on the side wall centered 7½ feet from the floor and 56 inches forward from the head wall.

The upper panel is for general illumination; the lower one is added for reading and examining. While the upper panel is never in the patient's field of vision, the lower one is, even when he sits up to read. This is not ideal, but does not seem to be disturbing in actual practice, possibly because it is neither directly in front, nor in full area view. As an economy unit for easy installation by simply hanging it up and plugging it in, such a luminaire is likely to do a better job than anything it replaces. In such a cubicle, as in small two-bed rooms, lack of space eliminates the problem of providing for reading in a chair.

CONTROL

The commonest combination of controls is that of a ceiling luminaire and a night light switch at the entrance,

Table 7-Illumination and Brightnesses-Room 139

	Gene Lighti		General Reading	
Morizontal Illumination at center of bed	2	FC	12	FC
Illumination on 45° reading plane	2	FC	21	FC
Maximum ceiling brightness		FL	8	FL.
Minimum ceiling brightness		FL	1	FL
Brightness of side wall below luminaire		FL	12	FL
Brightness of head wall		FL	5	FL
uminaire brightness toward patient		FL	1200	FL.
umingire brightness toward visitor		FL	1200	FL



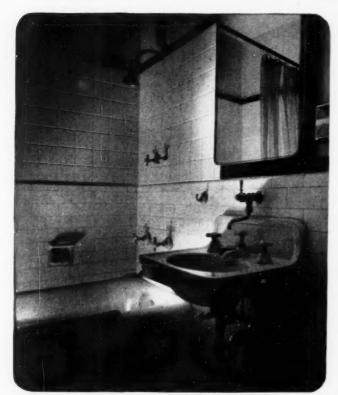
Photo, courtesy of Sylvania Electric Products, Inc., Saiem, Mass.

Fig. 13: Single pin-up fluorescent luminaire serving a small area. The luminaire was mounted 71/2 feet from the floor on the side wall. It is 56 inches from the head wall.

with the reading light switched at the lamp socket. All patients want one light under their own control. Switching the ceiling light from the bed as well as from the door has evidently been regarded everywhere as unnecessarily complicated. An undesirable feature of our pin-up lamp installation was the number of pull cords needed. The pull cord for the nurses' call system added to the confusion. The number of cords would be less in new construction.

For ceiling luminaires we recommend distinct separation of the switching locations for general and examination lighting, as we repeatedly found

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all the tubes in use, providing more light than was necessary, and exerting a glare effect owing to the position of the lamps intended for physical examination use only; this in spite of our briefing the nurses on their proper use. The same error exerted its influence on the use of the 50-100-150 watt torchiere bulb at times when only a low level of general illumination was needed.

LOCATION

One supposed advantage of a pin-up installation is that of convenience for moving when the bed is shifted. This would call for several outlets, although the two usually found in opposite walls of a single room might do. This ceases to be an advantage and, conversely, fixation of the luminaire to the wall ceases to be a disadvantage, in rooms other than single, as in such rooms a bed is held pretty much to one location by space limitations. Safety regulations may also govern the situation-at the Baker Memorial, for example, the "pinup" luminaires were actually screwed firmly in place. The floor lamp and the wall-and-table outfit are foremost as to flexibility, with the former as first choice where space will not permit the bedside table to be on the same side of the bed as the easy chair.

ECONOMY

Reflectors and lamps are more expensive for fluorescent than for incandescent lighting, and the former require ballasts. But against this expense can be balanced the light output per watt and the length of lamp life, both of which favor the fluorescent lamps. Energy cost and speed of write-off of investment also influence the choice. Low energy cost and a need for rapid write-off favor the incandescent; high energy cost and slow write-off favor the fluorescent.

SATISFACTION

The universal popularity of fluorescent light for general and for working illumination is ample evidence of its excellence for those purposes. For tright-lighting, there seems to be no reason for wanting to replace incandescent bulbs of small size, although fluorescent tubes of suitably small capacity are available. For reading lamps, we think the choice depends in part upon fabrication of a suitable housing; one that can be readily manipulated and still restrict the light to a desired area. The incandescent light is easier to direct and confine, while fluorescent light is less glaring when it is allowed to shine upon the eyes, for example, of other patients.

POWER SUPPLY-A.C. and D.C.

Alternating current is better for fluorescent lamps. With incandescent lamps there is no difference. While 20 watt and certain other small sizes of fluorescent lamps will operate satisfactorily on direct current the necessity for using resistors for ballasting direct current lessens the efficiency as compared with that of alternating current. There is also the matter of time lag with direct current. The delay between turning on the switch and the appearance of light sometimes makes patients think the first pull did not work and they pull the cord again to make sure. With more than one cord at hand this can cause considerable confusion and exasperation. With alternating current starting is much faster.

SUMMARY

With both incandescent and fluorescent lamps, and numerous possibilities as to the kind of luminaires, a hospital administrator has considerable range of choice. It is influenced, or limited, by such factors as availability of alternating current, preference as to portability, room arrangement, location of outlets, and degree of comfort desired.

An exhaustive study of such a subject would be difficult. Our luminaires were simple and of only a few kinds and combinations. Because fluorescent lighting was relatively new for this use we gave it more experimental attention than we did incandescent. But the data are offered simply as data, without bias. Trying a few ideas, such as might interest other observers and stimulate more ideas, was our purpose, and in that light alone we present this material.

This is the third and the concluding section of a study on the most satisfactory methods of lighting patients' rooms at Baker Memorial, Massachusetts General Hospital



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A BUDGET MEANS INTELLIGENT PLANNING

CHARLES E. BERRY

Assistant Director, Mount Auburn Hospital, Cambridge, Mass.

MOST of us have at one time or another tried to budget our money, our time, or our energy. Theoretically it is quite simple; we just take what money or time we have, and divide it in equal parts to fit our needs. But when the demand exceeds the total available for distribution the word budget becomes a nightmare, and our entire lives seem to be ruled by an iron fist called a budget. We soon become frustrated. The purpose of intelligent planning is to avoid just this; to help us accept the limitations imposed by necessity and to live within them. We shall develop this analogy as we go along, bearing in mind that a budget correctly prepared and utilized need not be such a monstrous iron fist.

WHAT IS A BUDGET?

First of all, what are we talking about, what is a budget? Several definitions have been advanced. One authority defines it as "a statement of future management policies and plans expressed in accounting terms." Another called the budget a financial road map. The most commonly accepted definition is "a statement of anticipated income and expense." One hospital consultant describes a budget as "a financial statement outlining a plan of action." They are all good, but I prefer a broader description. To the housekeeper, a budget should mean the intelligent planning, in terms of dollars and cents, of the time, supplies and equipment necessary to maintain the required standards under predetermined conditions for a future period, usually a year. She is required to do her part in controlling expense, but as a general rule she is not expected to interpret the anticipated income.

Why should she be asked to do this? What is the purpose of the administration's asking her to predict what she

will need for the coming six months or year? In our own little personal budgets we usually start with a fixed income or a limited amount of time, and we must adapt ourselves to live within its bounds. But in business. and we must remember that hospitals are now big business despite the absence of a profit motive, it is necessary to know in advance as accurately as possible how much it is going to cost to operate in the future. Once that is determined some means must be found to provide enough money to meet expenses or the doors will close. When the cost of labor, linen or materials advances, this cost must be passed on to the customer, guest or patient at the time the facilities are used. There are numerous other reasons for operating on a planned schedule of costs, but perhaps the major consideration for housekeepers is that of control. A definite goal is set, and any deviation is at once apparent and can be inves-

It is therefore important for the front office to know how much you will need in the way of labor, materials and equipment for future operations. Such a program prepared in advance will give you, as housekeeper, a goal toward which you may strive. It is not just some more 'red tape' to add to your already heavy schedule, nor is it any reflection on you ability

In this first section of his lecture on what housekeepers should know about budgeting, Mr. Berry reviews fundamental accounting principles. In succeeding sections he will take up the purposes of a budget, forms, records and methods of control. as a housekeeper; such planning is an integral part of good management.

Some department heads regard the goal mentioned previously as most undesirable for they feel that it imposes restrictions upon them and their work. These people have no faith in their judgment, their knowledge of their job and its requirements, and they are afraid that once they have committed themselves, future events may prove them poor prophets. But to the good executive who has conscientiously prepared her estimates, the budget is a challenge to develop better methods, controls and efficiency.

For the next few minutes let us forget about budgets and try to get a glimpse of what goes on behind the scenes in any large business organization today. I will explain briefly some features of a typical accounting setup. This will give you a better understanding of how the figures you provide are used, and what information and help you may expect to receive from the accountant in setting up your initial budget.

CASH v. ACCRUAL BASIS

Until fairly recently most hospitals operated on what is known as a cash basis of accounting. This is a simplified system but one which does not provide sufficient information for modern business requirements. Under the cash basis, income is recorded only when cash is actually received. Expenses are recorded only when the bills are paid. During the past few years there has been a gradual if painful transition to what is called an accrual basis of accounting. This transition has been accelerated by the demands of the governmental and state agencies for a more detailed analysis of where the money comes from, and where and how it is spent.

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Briefly, under the accrual basis of accounting, income is recorded at the time service is rendered by charging accounts receivable and crediting income. Likewise, obligations are recorded when incurred, regardless of when payment is made. In other words, if a patient is given an x-ray examination, the charge for the examination is considered earned. It is something of value due the hospital. If payment is not received at the time the plate is taken, it is entered into an account called the accounts receivable and is carried as an asset, something of value to the hospital. In the same way inventories are carried as assets. Another example of an asset is prepaid expenses. Into this group would fall such items as prepaid insurance. There are many others too numerous to mention

Liabilities are handled in the same way: money owed suppliers, service in terms of dollars owed those patients and guests who have paid in advance, accrued salaries and other expenses are all entered on the balance sheet. This illustration is oversimplied of course, but it is sufficient for our purpose.

INVENTORY ACCOUNT

One item that concerns housekeepers is the inventory account. The usual procedure runs something like this. You estimate that you will need 240 dozen 72 by 108 inch sheets for the year 1949. You plan to place these in service at the rate of 20 dozen per month. The purchasing agent is responsible for procuring these sheets and having them available when needed. It is her job to purchase them at the best price she can obtain. In all probability a substantial discount will be granted for quantity buying. To obtain this saving perhaps she will order the 240 dozen at one time. About the first of the month the sheets will arrive, followed promptly by an invoice requesting payment in 30 days. At today's prices the cost would probably be between \$5000 and \$5500. The sheets will go to the storeroom until they are needed. The amount received will be entered on the perpetual inventory cards. Bu:, what happens to the invoice? The accountant sits down and types out a check, but something further needs to be done. The check has to be explained. What is it for? All money that is spent must be accounted for in some way. Under the cash system of accounting she would just write under the expense column entitled

"housekeeping expense" Sheets \$5000, at the time she mailed the check. And when the totals were posted for the month of February the housekeeping expense would show a noticeable in-

Somewhere along the line someone questioned this practice. The question was asked, why should my department be charged with sheets I may not use at all this year? What happens if we sell these sheets? They are worth money inasmuch as they are still available for resale. Since they are so available how can you charge them to expense? Items that can be converted to cash are carried as the equivalent of cash. Under the accrual system the accountant would enter the value of these sheets in an inventory account. This, as I mentioned before, is an asset account; the sheets represent something of value which might, if necessary, be converted into dollars. Just as long as they remain stacked on the storeroom shelves they retain this characteristic. But once you requisition the sheets to put them into use, they are no longer an item that can be converted into cash, but become an expense. Your requisition is then priced, the amount is dropped from inventory and entered into the expense account for linen. So instead of your department's being charged with a large sum of money one month, which would tend to distort your costs, you are charged only for those items you actually use, at the time you use them.

REASON FOR REQUISITIONS

How does the business office know what we use and when we use it? It is to provide such information that requisitions are used to obtain supplies. The requisitions are returned to the business office and the cost is distributed into the proper expense accounts.

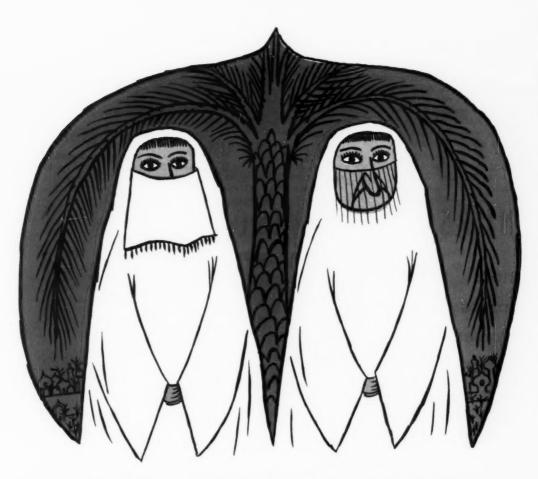
There is one other term that you will hear in connection with budgets that causes a great deal of confusion even among department heads who have studied some accounting. This is the term "Capital Item." Again, without attempting to explain accounting procedure in detail. I will try to illustrate what is meant when the term is used. Let us go back to our original example, that of sheets. A sheet is a nonexpendable item, that is, it is not consumed in its initial use, but may be used over and over again. At the same time it is not an item that will last for five years; its expected life is perhaps one or two years, depending upon many factors. Contrast this with the buffing machine used on the floors. Such a machine might cost \$500 or more. Yet with proper care and intelligent handling it may well last for 10 years.

Here we have the same problem we had with our large order of sheets. We certainly do not want to charge \$500 expense to the housekeeping department in February, the month the machine was purchased, when it is going to be used every day for 10 years. This would distort the cost of operating the department even more than would the cost of the sheets. Just how is the accountant going to prevent this? The machine cannot be placed on a shelf and a part requisitioned each week as could the sheets. The accountant's answer is to capitalize the polisher and depreciate it over a period of time. This procedure, in effect, runs somewhat as follows. The cost of the machine is entered into an account called an equipment account. Assume that our polisher has an estimated life of 10 years. The cost of \$500 should be spread over that 10 year period, so that at the end of five years the value is only \$250, and it is carried on the books as an asset at that amount. We entered it originally at \$500 and at the end of five years we say that it is worth but

RESERVE FOR DEPRECIATION

How does the system explain the difference of \$250? As explained, we cannot use requisitions and charge it off to expense, so the next best thing is done. We estimated that the machine will remain useful for 10 years and we know the original cost. It is easy to find how much it decreases in value each year; in the case of our buffer it would be \$500 divided by 10 which gives us \$50 less value for each year it is used, or 10 per cent. The accountant enters this in a separate account which is called "reserve for depreciation" and subtracts it from the equipment account. At the end of five years, the net book value of the polisher would be

Next on the list is the perpetual inventory. The words are self-explanatory. The perpetual inventory system is one in which a record is kept of each item in stock in the storeroom, not only as to quantity but also as to value. It is kept by merely setting up a card for each individual item carried in the linen room or storeroom. Each time an item is received the number and cost are entered on this card and the



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total is carried forward. If, for example, you have 36 sheets in stock and you receive 36 more you would enter the date received, value and number received and carry forward the number and value of those received plus the number and the value of those on hand, so that the resultant figure would be 72, the number actually on hand. If you issue some of the sheets, you would merely subtract the number and value issued, say 20 from your total of 72, leaving a balance of 52 and do the same to the value. As a result, the number on the shelves should correspond to the same to the value.

pond with the number on the card. Their total value should equal the inventory account kept by the accounting department. This provides a check on the supplies. The value of the sheets would appear as an asset in the inventory account.

One other point may prove troublesome. Suppose the cards indicate that two separate lots of sheets have been received, the first lot priced at \$1.10 each and the second lot at \$1. What price would you use when the sheets are issued? There are three methods that are acceptable: (1) first in, first out; (2) last in, first out; (3) averaging of costs.

For the purpose of illustrating these three methods let us assume that your stockroom receives three dozen sheets costing \$13.30 per dozen on Jan. 10, 1948. On Jan. 14, 1948, a second three dozen lot arrives priced at \$12 per dozen. You now have six dozen sheets on your shelves and the value is entered in the inventory account. On January 15 you have to issue 10 sheets for use. The requisition is filled by the storeroom and the sheets now have to be dropped from the inventory account. Will you assume that these 10 sheets came from the first lot which cost \$13.30 per dozen? If you do you are using the first in, first out method. I prefer this system, for although it may not actually reflect latest costs of service, it is much less involved from a bookkeeping standpoint and it is less likely to cause confusion when the issues are entered on the stock record

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LAST IN, FIRST OUT METHOD

Should you decide to take the 10 sheets from the lot purchased January 14 at \$12 per dozen you would be using the "last in, first out" method. The third method mentioned, the averaging of costs, requires, I believe, too much detail work in proportion to the value of the resultant figures. It would require averaging the cost of the two lots, one at \$13.30 and the other at \$12, and charging off the sheets at the average price, in this instance at the rate of \$12.65 per dozen. It is perhaps the most nearly accurate method of computing costs, but it would involve additional computations with the resulting chance of error. All sheets that are issued decrease the number on the shelves and consequently decrease their value. The inventory account is less because if the remaining sheets were sold, 62 would bring less than 72. The accounting office must account for the value of these sheets. Since all goods must be issued on a requisition, the storeroom forwards this requisition to the accounting or purchasing office where the value of the sheets is entered on the requisition and the name of the department using them is inserted; in the case of sheets it would be the housekeeping department. The accountant then uses this requisition as a voucher and subtracts the value of the sheets from the inventory account and adds it to the housekeeping expense account.

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NEWS DIGEST

Government Aid in Spotlight at A.H.A. Convention Law Provides \$8 per Day Hospitalization . . . Illinois Administrators Ask Help for Nursing Schools . . . Munger Receives Award of Merit

Attention of A.H.A. Convention-Goers Will Be Focused on Government Aid

ator and a militant labor leader scheduled to appear together on the opening planning and building, Blue Cross, pediprogram, the fifty-first annual convention of the American Hospital Association in Cleveland this month will focus attention on the nation's foremost health problem: How much government aid can voluntary hospitals accept without losing their virtue?

In addition to talks by Alabama's Senator Lister Hill and the United Automobile Workers' fiery president, Walter Ruether, the opening session will feature major addresses by Marshall Dimock, professor of political science at Northwestern University, and Mrs. Agnes Myer, whose column in the Washington, D.C., Post frequently reflects her interest in health administra-

Problem Number One gets back on the program Tuesday afternoon, when a battery of experts and authorities will discuss the significance of government health plans in Great Britain and Canada, and again in the final session on Thursday, under the billing, "Financing the Distribution of Hospital Care." Dr. Paul R. Hawley of Blue Cross and Eli Ginzberg of Columbia University will share the Thursday assignment, which also features a crystal gazing act by President John Harfield.

At other scheduled meetings the as sembled administrators will consider such minor worries as organization and supervision within the hospital, quality of hospital care, and technical aspects of various hospital departments. In a return to the practice which has been abandoned in recent years, the conven-

CHICACO.—With a United States sen- tion will split itself nine ways on Wednesday for section meetings on atrics, medical records, purchasing, state surveys and plans, consultants, auxiliaries and local hospital councils.

> The House of Delegates of the association will meet in Sunday morning and Wednesday afternoon sessions as in previous years, according to an announcement from association headquarters. The annual banquet will be held Thursday evening "with an outstanding program," said the announcement, which did not name the banquet speaker.

> Among related activities scheduled for the convention week are meetings of the American Protestant Hospital Association; the annual convocation of the American College of Hospital Administrators; meetings of nurse anesthetist and medical record librarian

Blue Cross executives, and hospital auxiliary members and officers.

The commercial and educational exhibits which will be on display in the auditorium throughout the week are among the most extensive and valuable ever presented at a hospital convention," the association has stated.

In general sessions planned for discussion of operating problems and policies, a modification of the type of meeting that was introduced at the convention last year will be presented. In a meeting on technical aspects of departmental functions, for example, fiveminute presentations will be made on operating problems in such departments as nursing, food service, pharmacy, housekeeping, plant, accounting, laundry, purchasing and diagnostic facilities. Following these brief presentations, discussion will be led by panels composed of the members of various association councils concerned with these departments. "Audience participation is invited in these discussions," the associagroups: hospital consultants; architects; tion announcement said, "and the chair-

CONVENTION FACTS

WHO-American Hospital Association American Protestant Hospital Association American College of Hospital Administrators American Association of Nurse Anesthetists American Association of Medical Record Librarians

WHAT-Annual conventions.

WHERE-Cleveland, Ohio, Hotel Statler, Public Auditorium and environs.

WHEN-September 24 to 29, 1949.

HOW—General sessions, section meetings, delegates' meetings, assembly, banquets, breakfasts, luncheons, receptions and corridor conclaves.

WHY-In the name of education

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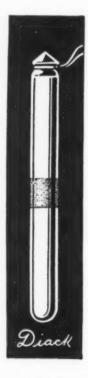
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NEWS...

men of the councils will circulate through the audience with portable microphones to facilitate the discussions."

Speakers who will discuss various aspects of government health programs in Great Britain and Canada include Dr. A Leslie Banks medical officer for the British Ministry of Health: Dr. F. D. Mott, chairman of the health services planning commission, Province of Saskatchewan, and Dr. J. M. Hershey, commissioner of hospital insurance for British Columbia. These presentations will be evaluated for the American audience by a group of authorities including Dr. Arthur C. Bachmeyer of the University of Chicago; J. Douglas Colman, chairman of the Blue Cross commission; Rev. Donald A. McGowan, director of the bureau of health and hospitals for the National Catholic Welfare Conference, and Lowell J. Reed, vice president of Johns Hopkins University.

Seek Revision of By-Laws at A.C.H.A. Assembly

CHICAGO.-Revision of the by-laws of the American College of Hospital Administrators will be sought at the annual membership assembly of the college in Cleveland this month, it was announced at headquarters here. The board of regents has proposed amending the by-laws to increase initiation and membership fees, the announcement

Under the proposed new laws, initiation fees would be \$25 for members advancing to fellowship, \$75 for admission of members, \$25 for nominees advancing to membership and \$50 for admission of nominees.

Other by-law changes would provide for college officers to become ex officio members of the board of regents and for the president to serve as chairman of the board, the announcement said.

The annual business session of the college will be held at Cleveland Monday, September 26.

Increase Subscriber Benefits

MINNEAPOLIS.—Blue Cross and Blue Shield plans here have increased benemonth by Arthur M. Calvin, executive scribers and became effective August 1. stated, "Opponents of this position have

\$8 per Day Hospitalization Provided by Amendment to California Law

SAN FRANCISCO. - The California Unemployment Compensation Act was amended last month to add an \$8 a day hospitalization payment to the benefits provided workers under the act. The legislation was passed during the closing days of the California legislature's regular session and came as a surprise to most hospital and insurance groups. The measure was sponsored by Governor Warren and by the American Federation of Labor, it was reported, and opposed by employer and insurance organizations.

Under the new law, which becomes effective Jan. 1, 1950, the disabled worker will be paid \$8 a day for not to exceed 12 days when he is hospitalized on a physician's order. The beneht is not a payment of the hospital bill or an indemnity to the worker for his hospitalization expense: it is an outright payment.

Employers may obtain coverage for their workers from Blue Cross or private insurance sources, it is explained, as long as the worker is covered up to the minimum amount stipulated in the amended act. Some adjustment of Blue Cross benefits may result from the act, it is believed, but not many observers feel that Blue Cross plans in California will suffer as an immediate result of the present law. Where Blue Cross or private insurance coverage is not provided the worker is covered under the state fund.

Worker contributions under the act are fixed at 1 per cent of salary up to a limit of \$3000, it was explained. Many insurance authorities believe the amount provided is insufficient to permit payment of the \$8 hospitalization in addition to other benefits. Estimated cost of the new section of the act ranges from the \$15 million estimate made by sponsors of the bill to as high as \$30 million a year-the figure named by some insurance company actuaries.

Commenting on the act, a national insurance monthly noted the fact that some insurance people have felt that competition between private interests fits to subscribers, it was announced last and state funds in the health insurance field was safe, and that it was the director. Expansion of the benefits was best way to head off federal intervenmade at no increase in cost to the sub-tion. On the other hand, the paper



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pointed out that the tendency in connection with all of these state laws is to yield to the demands of labor interests for increased benefits which private insurers endeavoring to compete with a state fund will have to equal or better, and that it probably will be only a question of time until these extensions reach the point where the private carriers are no longer able to carry on the unequal competition. This California law seems to give quite strong point to their contentions.

Illinois Administrators Ask Assistance for Small Hospital Nursing Schools

SPRINGFIELD, ILL .-- A group of hos- establishment of central schools wherpital administrators in downstate Illi- ever feasible and stimulating cooperanois has presented a resolution to the tive use of school facilities. Illinois Hospital Association asking for assistance to small hospital nursing schools, according to a report in the sympathy with and recognizing the imassociation's Bulletin last month. The resolution called on the association to strengthen the educational programs of small hospital schools by encouraging

The administrators presenting the resolution expressed themselves as "in portance of a progressive advancement in nursing education," but said they believe this could be accomplished best "on a gradual basis as the hospitals with their respective schools can adjust to these advancing requirements."

The proposed resolution took note of the fact that the smaller schools provide a constant supply of nurses to care for the sick in the communities represented. "The elimination of these schools will seriously affect the welfare of these communities," it stated. Graduntes of such smaller schools are not felt to be lacking in proficiency and experience, it was stated. "They compare favorably with graduates of university or college affiliated schools," the resolution said.

Discontinuance of small schools would without question decrease the over-all supply of nurses, it was held. One of the larger reservoirs of those interested in a career in nursing is the rural communities," the resolution said, and they will hesitate to enroll in schools long distances from their homes. It is conceivable that health workers who are graduated from schools in rural areas have a better understanding of their communities' over-all health needs and a greater interest in promoting better health care in their respective communities"

A.C.S. Announces 28th Standardization Conference

CHICAGO.—The 28th annual Hospital Standardization Conference will be held in Chicago October 17 to 21 as a part of the 35th clinical congress of the American College of Surgeons, Dr. Malcolm T. MacEachern announced last month. Several hundred hospital executives from the United States, Canada and other countries are expected to attend. A special feature of the program will be a panel discussion on standards of professional services for the good care of the patient as rendered by the radiologist, the pathologist, the anesthesiologist and the physical therapist, Dr. MacEachern said.



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Munger Is Recipient of A.H.A. Award of Merit

CHICAGO.-Dr. Claude W. Munger. who retired as administrator of St. Luke's Hospital, New York, two years ago, was named recipient of the 1949 award of merit of the American Hospital Association, it was announced at headquarters here last month. The at ceremonies in New York by Asso-

wisdom have immeasurably advanced education and standards of hospital administration.

Dr. Munger, who is a past president of the association and the American College of Hospital Administrators, was director of the course in hospital administration at Columbia University until the time of his retirement. He was award was presented to Dr. Munger director of St. Luke's Hospital for 10 years prior to which time he was suciation President Joseph G. Norby who perintendent of Grasslands Hospital, a said that Dr. Munger's "energy and county institution at Valhalla, N.Y., and

earlier of Blodgett Memorial Hospital, Grand Rapids, Mich. Dr. Munger has been a member of the editorial board of The MODERN HOSPITAL for many years and was a frequent contributor to hospital and medical journals during his active career.

Hawley Compares Health Law Situation to Hurricane

JACKSONVILLE, FLA.—Speaking at the fifth anniversary meeting of Florida Hospital Service Corporation, Florida's Blue Cross plan, Dr. Paul R. Hawley, chief executive officer of the Blue Cross and Blue Shield, compared the health legislation situation to a Florida hurri-

There was a considerable wind for some months, which died down abruptly when the proponents of compulsory health insurance became convinced that passage of the Thomas-Murray-Dingell Bill in the present session of Congress was an impossibility," Dr. Hawley stated. "There is grave danger that some of us may think the storm has passed. No one who has experienced a Florida hurricane would be so deceived. It is only that the center of the disturbance is now passing over; and once it has passed, we may be certain that the storm will be renewed, perhaps with increased fury for the reason that there is a possibility that the political complexion of the Congress will change at the end of the next session, which will offer some respite from the danger of socialistic legislation." Dr. Hawley stated that compulsory health insurance is the longest leap yet proposed toward the welfare state and that once this is taken other measures will follow in rapid order.

More than 200,000 members are now enrolled in the Florida Blue Cross plan, it was reported at the meeting, and 99 hospitals representing 98 per cent of all general hospital beds in the state are participating.

TB Hospital Contracts Let

SPRINGFIELD. ILL.-Contracts totaling \$3,497,000 were awarded here last month for construction of a state tuberculosis sanatorium at the West Side medical center in Chicago. The structure will be brick faced reinforced concrete and will provide facilities for the treatment of tuberculosis at the University of Illinois Medical Center site, it was announced.



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NEWS...

A.H.A. Public Relations Council to Assist Hospitals in Community Relations

CHICAGO.—A public relations campaign aimed at assisting hospital administrators to build community understanding for hospitals was approved by the council on public relations of the American Hospital Association last month, according to Florence King, council chairman. Miss King said the program is designed for use by administrators of both small and large hospitals and would begin in the fall, when the first of a series of special public relations kits would be distributed.

Simplicity is the keynote of the new campaign, according to Miss King. "Every phase of the program is being prepared to make it easy for the busy administrator to tell his hospital's story to the community," she said. "We have tentatively planned six special kits, each slanted at an important area of community-hospital public relations," Miss King said. "The first kit explores the various technics by which hospital employes can be encouraged to serve as public relations ambassadors. We're starting the series with the subject of hospital employes because we believe that good public relations begins at

Subsequent kits in the special series will consider hospital public relations with relation to patients, school, church and civic organizations, auxiliary groups and such special activities as National Hospital Day and other similar commemorative events, it was explained.

Fund Raising Effort a Success

FLEMINGTON, N.J.—A rural community in this area last month reported extraordinary success in a community-wide fund raising effort to provide the area with a medical center. The fund raising group is headed by Lloyd B. Wescott, a farmer, and consists of farmers, merchants, businessmen and professional people in Hunterdon County, the report said.

Plans for a \$1,200,000 medical center and nursing school have been made, it was explained. The proposed medical center would be affiliated with the New York University-Bellevue Medical Center's regional hospital plan. Although no large industries are located in this area, gifts to the fund totaled more than \$800,000 by last month.





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Spiritual Activities of Hospitals Is Theme of A.P.H.A. Meeting

EVANSVILLE. IND.—Spiritual activities of hospitals will have a major place on the program at the annual convention of the American Protestant Hospital Association in Cleveland this month, Albert G. Hahn, executive secretary, announced here. The convention will meet September 23 to 25, immediately preceding the annual assemblies at which time Rev. L. B. Benson, Bethesof the American College of Hospital da Hospital, St. Paul, will succeed Rev.

pital Association.

In addition to meetings of hospital chaplains and descriptions of chaplaincy programs in a number of hospitals in various parts of the country, a number of presentations on operating subjects of current interest have been scheduled. Mr. Hahn said. Representative Ralph W. Gwinn of New York will address the annual banquet of the association

Administrators and the American Hos- Chester C. Marshall, Methodist Hospital, Brooklyn, N.Y., as president.

New York to Promote **Psychiatric Service in** General Voluntary Hospitals

NEW YORK .- The promotion of psychiatric service in general voluntary hospitals throughout New York State was named as an important objective in the state mental hygiene program by Gov. Thomas Dewey here last month. The program will begin with the establishment of state services in cooperation with Roosevelt Hospital of New York City and Ellis Hospital, Schenectady, Governor Dewey said. The program will commence in these two hospitals within a few months, it was stated.

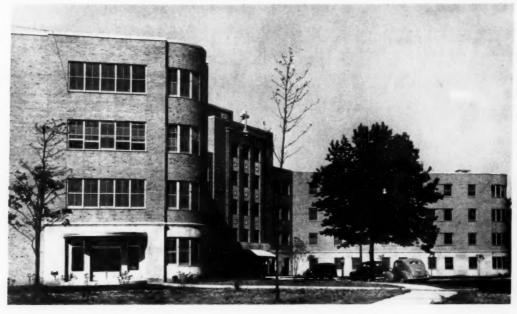
Ultimate aim of the program is to decrease the population of state mental hospitals and provide a more satisfactory decentralized psychiatric service for the population, it was explained. Governor Dewey characterized the program as the boldest and most novel in the whole psychiatric field in the United States. "Because hospitals have been unable to include psychiatric care as an integral part of medical service," the governor's statement said, "these patients with few exceptions receive virtually no treatment other than for physical ills. In addition there are uncounted numbers not occupying hospital beds who can be helped by psychiatric treatment on an outpatient basis."

Lulu Graves, Leader in Dietetics Field, Dies

BERKELEY, CALIF.-Lulu Graves, professor of home economics and dietetic authority, died here last month at the age of 75. Miss Graves served as food service editor of The MODERN HOS-PITAL for a number of years. She was also chief dietitian at several hospitals. including Mount Sinai in New York, the Lakeside Hospital in Cleveland, and Michael Reese Hospital in Chicago. She was a member of the faculty at Cornell University in the home economics department for a number of years.

Miss Graves was at one time president of the American Dietetic Association, which she helped to organize and also held the title of "honorary president." She was the author of numerous books and articles on hospital dietary





St. Clare's Hospital, Schenectady, N. Y.—A new bospital has just opened its doors. Counsel and direction by this firm resulted in raising \$2,600,000 in two phases with objectives of \$2,400,000. • One of hundreds of hospitals successfully served by Ward, Wells & Dreshman.

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Plan to Create Welfare Department in Cabinet Voted Down by Senate

WASHINGTON, D.C.-President Truman's reorganization plan embodying creation of a welfare department in the cabinet which would consolidate federal health, education and welfare activities was rejected by the Senate last month by a vote of 60 to 32. Opponents of the plan, including Senators Taft of Ohio and McClellan of Arkansas, had maintained that the reor-

ganization would give too much power having government health activities to the welfare section, presumably Federal Security Administrator Oscar Ewing, and advance administration plans for socialized medicine.

Among the groups which had opposed the centralization of all federal medical activities in a department of welfare with a lay secretary were the American Medical Association and the American Dental Association. Dr. Louis Bauer, chairman of the A.M.A. board of trustees, said the A.M.A. opposed

combined with other affairs because "we believe such activity can best be administered by a physician occupying high government office dealing exclusively with health." Dr. Bauer said the Hoover Commission recommendation for a united medical service combining all federal medical activities was in line with A.M.A. policy. "A physician is better equipped to deal with a health emergency than a layman," Dr. Bauer stated. "In a mixed department there is danger that public health would be subservient to other departmental interests. Finally, such a plan would probably postpone indefinitely establishment of an independent health department which the doctors of this counry believe would be of inestimable advantage to the health of the American



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S.P.R. on Dressings Now Available

WASHINGTON, D.C.-Simplified Practice Recommendation R133-49, surgical dressings, is now available, according to an announcement by the commodity standards division of the National Bureau of Standards. This recommendation includes ready-made dressings and hand-made dressings and gives, for various types, such as sponges, packs and pads, the correct name, approximate size and kind of gauze used in their combination, the announcement said. Diagrams or illustrations are included also to show how the gauze is folded for hand-made dressings.

The initial recommendation was promulgated in 1932 and was revised in 1947. The currently revised recommendation is effective from April 1,

To Erect Outpatient Building

NEW YORK .- Plans for a proposed new building at St. Luke's Hospital here were revealed in the hospital's annual report, which also indicated a net loss of \$505,000 last year. The report said the new building would be used primarily for an outpatient department which would serve the present hospital clientele and also students and faculty members of Columbia University. The proposed new building would be erected at a cost of \$4,000,000 to \$5,000,000, the report said.

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NEWS...

Construction Costs in California Average \$25.000 Per Bed, Report Reveals

SAN FRANCISCO.-More than 50 voluntary hospital building campaigns have originated in California in the last two years, it was revealed here last month in a survey made by the Association of California Hospitals. The report also indicated the construction of 22 new hospital buildings with federal and state

matching funds.

Thomas F. Clark, executive secretary of the association, said that hospital construction costs in California were averaging \$25,000 a bed. The average Class A 100 bed hospital in California today represents a total building cost of \$2,500,000, the report indicated. The boiler plant would cost around \$160 -000; the laundry, \$60,000; the diet kitchen, \$150,000; the storage area, locker rooms, dining areas, staff room. sewing room, incinerator and a series of other miscellaneous needs represent an expenditure of \$130,000, it was reported. The administration area would cost around \$70,000; emergency department, \$40,000; radiographic department, \$60,000; physical therapy, \$30,000; pharmacy, \$50,000, and equipment,

Other departmental average costs are, outpatient section, \$50,000; delivery suite, \$95,000; surgical suite, \$95,000; central supply and sterilization, \$60,000: laboratory, \$60,000, the report stated.

\$60,000 to Flint-Goodridge

NEW ORLEANS.-The Edward G. Schlieder Educational Foundation has donated \$60,000 to Dillard University for its educational programs in medicine, nursing and allied fields, the university announced last month. The fund will be used for the educational programs at Flint-Goodridge Hospital, including a summer postgraduate course which has been in operation since 1935. Twenty per cent of all the Negro doctors living in Louisiana, Mississippi, Texas, Oklahoma and Arkansas have attended during this period, it was explained. The grant assures the continuance of this postgraduate course for another three years.

The program also includes a training program for nurse anesthetists, a program for laboratory technicians and an intern training program at Flint-Goodridge for graduates in medicine.



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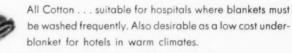
4 styles-8 attractive colors.



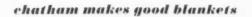
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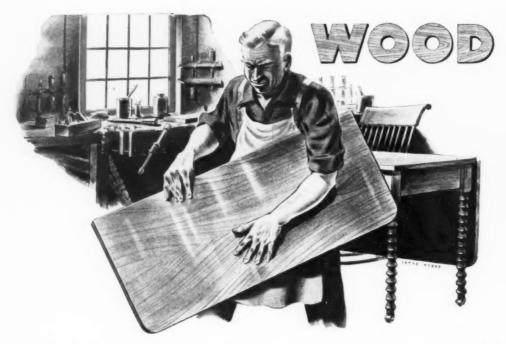


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Massachusetts Plan Wins **Public Relations Award**

CHICAGO. — Massachusetts Hospital Service was winner of this year's prize for the best over-all Blue Cross public relations program, the Blue Cross Commission announced last month. The commission annually makes a series of awards based on exhibits submitted by the plans describing their public relations activity of the last year.

standing specific public relations proj- ciated Hospital Service of Philadelphia;

ects. Winner of Class I (plans with more than 500,000 subscribers) was Connecticut Hospital Service. Class II (200,000 to 500,000) was won by Central Hospital Service of Columbus, Ohio. Class III (100,000 to 200,000) was won by Hospital Plan, Inc., of Utica, N.Y., and Class IV (less than 100,000) by Northwest Hospital Service, Oregon.

The following plans were awarded Other awards were given for out- certificates of honorable mention: Asso-



Judges look over Blue Cross entries.

Plan for Hospital Care, Province of Ontario; Michigan Hospital Service; Associated Hospital Service of New York; Hospital Service of Indiana; Hospital Service of Northeastern Pennsylvania.

Presentation of the awards was made by Richard M. Jones, director of the Blue Cross Commission, at the national Blue Cross-Blue Shield public relations conference in Chicago.

Develops Mechanism for Pelvic Measurements

CHICAGO. - The University of Chicago has developed a special mechanism for measuring the pelvis of expectant mothers, it was announced here last month. The device is described by Dr. Paul Hodges and Dr. Russell L. Nichols of the university's roentgenology division in the journal Radiology. The doctors report use of the apparatus in a series of 1000 cases at the Chicago Lying-In Hospital.

As described in the journal, the device consists of a movable cradle for the x-ray equipment. Lateral and frontal x-ray exposures are made as the cradle rotates around the patient, it was explained. The processed films are then used as a guide in making tracings from which pelvic measurements are obtained by calcula-

Aids Refugee Physicians

MINNEAPOLIS. - The Northwestern Hospital here has inaugurated a program of assistance for refugee physicians from Europe, it was announced last month. The hospital will employ D.P. doctors as ward aids and orderlies and assist in their retraining and rehabilitation preparatory to their examination for state licensure. The hospital is also assisting in the removal of professional people from D.P. centers in Europe, it was added.



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NEWS...

Senate Passes Bill Extending Hospital Construction Act

WASHINGTON, D.C.—The bill which would expand the federal hospital construction program by authorizing additional expenditures over the next five years was passed by the Senate here last month and went to the House of Representatives for further action. The bill had previously been approved by a subcommittee of the House Committee on Interstate Commerce, and prompt favorable action in the House was anticipated by many observers here. Provisions of the bill include an increase in the annual expenditures authorized from \$75,000,000 to \$150,000,000 and extend the construction period to June 30, 1955. In another important change, the bill would make possible an adjustment of the present rigid one-to-two relationship of federal to state or local funds, permitting the federal share to rise to as much as two-thirds of the total project cost in areas with low per capita income.

The bill also includes funds for Public Health Service grants for research and development looking toward more effective use of hospital facilities.

Cancer Society Releases Teaching Film for Nurses

NEW YORK.—The American Cancer Society has released a motion picture designed especially for nurses, it was announced at the society's national head-quarters here last month. The film was prepared to educate nurses so that they may help in the early detection of cancer and so that they may be better prepared to meet the nursing needs of cancer patients.

According to a society statement, the nurse can make an important contribution by helping the cancer patient and his family to keep their spirits up. Persons facing surgery are often terrified, and the postoperative patient may feel there is no use trying to live," a society release stated. "Even more than the doctor, the nurse can change despair into hope and firm resolve. She can do this by sizing up the patient's emotional problems and countering shadowy doubts with specific, helpful facts. For example, she can draw upon her experience to describe similar cases in which patients overcame the same fears and handicaps."

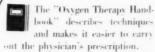


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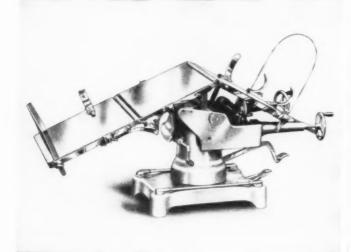
NEW YORK.—Between July 1, 1948, and amounted to \$1,250,000. and June 30, 1949, 87 gifts of \$500,000 \$26,954,000. Twenty-four were founda- ized social work agencies, \$7,966,000;

Gifts Totaling \$173,547,770 tion grants for a total of \$50,130,000. religious organizations, \$4,818,000; for-

The largest proportion of the gifts

One gift was made by a corporation eign relief agencies, \$3,150,000, and recreational purposes, \$600,000.

The study also reported the results of and over were made in this country for went to educational institutions, the 178 fund raising campaigns which a total of \$173,547,770, according to a study shows. The second largest total raised a total of \$361,597,538. In these study by the John Price Jones Company, of gifts went to health causes and organ-campaigns the largest totals went to Inc., published here last month. Thirty-izations. The causes aided and total health organizations and organized soseven were bequests of \$500,000 and amounts given were as follows: educa- cial work. The totals raised by these more, for a total of \$95,213,770, the tional institutions, \$120,670,144; health campaigns were for the following report stated. Twenty-five gifts were causes and organizations, \$26,558,626; causes: organized social work, \$154,made by living persons for a total of fine arts institutions, \$9,785,000; organ-618,050; health organizations, \$102,-563,439; foreign relief, \$52,364,420; education, \$40,627,425; religious purposes, \$10,110,361; fine arts, \$1,313,843.



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COMING MEETINGS

- AMERICAN COLLEGE OF HOSPITAL ADMIN-ISTRATORS, Cleveland, Sept. 25-26.
- AMERICAN COLLEGE OF SURGEONS, Clinical Congress and Hospital Standardination Confer-ence, Stevens Hotel, Chicago, Oct. 17-21.
- AMERICAN CONGRESS OF PHYSICAL MEDI-CINE, Netherlands Plaza Hotel, Cincinnati CINE, Netherlands Sept. 6-10.
- AMERICAN HOSPITAL ASSOCIATION, Cleve-land, Sept. 26-29.
- AMERICAN PROTESTANT HOSPITAL ASSOCIATION, Cleveland, Sept. 23-24.
- ASSOCIATION OF CALIFORNIA HOSPITALS Recreation Center, Santa Barbara, Nov. 17, 18
- ILLINOIS HOSPITAL ASSOCIATION, Springfield, Nov. 30-Dec. 2.
- KANSAS HOSPITAL ASSOCIATION, Jayhawk and Kansas Hotels, Topeka, Nov. 10, 11.
- MARYLAND-DISTRICT OF COLUMBIA-DELAWARE HOSFITAL ASSOCIATION, duPont Hotel, Wilmington, Del., Nov. 14-15.
- MICHIGAN HOSPITAL ASSOCIATION, Pantlind Hotel, Grand Rapids, Nov. 6-8.
- NATIONAL SAFETY CONGRESS AND EXPOSI-TION, Oct. 24-28, Chicago.
- NATIONAL SOCIETY FOR CRIPPLED CHILDREN
 AND ADULTS, Commodore Hotel, New York AND ADULTS, City, Nov. 7-9.
- NEBRASKA HOSPITAL ASSEMBLY, Paxton Hotel,
- OKLAHOMA STATE HOSPITAL ASSOCIATION, Hotel Tulsa, Tulsa, Nov. 17, 18.
- SOUTHEASTERN SOCIETY OF HOSPITAL PHAR-MACISTS, New Orleans, Oct. 15, 16.

- AMERICAN HOSPITAL ASSOCIATION, Mid-Year Conference of Presidents and Secretaries, Drake Hotel, Chicago, Feb. 10, 11
- OARD OF METHODIST HOSPITALS AND HOMES, Congress Hotel, Chicago, March I, 2.
- IOWA HOSPITAL ASSOCIATION, Hotel Savery, Des Moines, April 21.
- MID-WEST HOSPITAL ASSOCIATION, Municipal Auditorium, Kansas City, April 12-14.
- OHIO HOSPITAL ASSOCIATION, Neil House, Columbus, March 22-24.
- SOUTHEASTERN HOSPITAL CONFERENCE, April
- TEXAS HOSPITAL ASSOCIATION, Buccaneer Hotel, Galveston, March 7-9.

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NEWS ...

A.M.A. Elects First Negro to House of Delegates

DETROIT.-Election of a Negro physician to the American Medical Association's house of delegates was announced here last month at the annual meeting of the National Medical Association, a Negro organization. Dr. George Lull, A.M.A. secretary, told the association that the New York State Medical Society had named Dr. Peter Murray, director of the department of gynecology at Harlem Hospital, as one of its delegates to the national body. Dr. Murray will be seated at the annual meeting of the A.M.A. in San Francisco next June, Dr. Lull said. He is the first Negro physician to become a member of the A.M.A. policy-making group, it was reported.

Dr. Murray, a graduate of Howard University, is also a member of the staff of the Sydenham Hospital. He is a past president of the National Med-

ical Association.

Pay Increase at Sydenham

NEW YORK.—Employes of the Sydenham Hospital here were assured of pay increases that would bring their salaries in line with those paid in other city hospitals, Dr. Marcus Kogel, hospital commissioner, said last month. Formerly a voluntary institution, the Sydenham Hospital which operates on an interracial basis has been operated by the city hospital department for several months. It was taken over by the city when financial difficulties threatened termination of service.

Employes expected to benefit from the salary increases were chiefly in the lower salary groups, it was explained, including ward helpers, attendants, laundry workers and clerical employes.

Montefiore Starts Building

NEW YORK.—Montefiore Hospital here has undertaken construction of two one-story wings which will cost approximately \$1,000,000, it was announced here last month. The hospital specializes in the treatment of chronic ailments and needs the additional space for surgical and diagnostic facilities, it was explained. The present project includes modernization of some existing facilities and is part of a long-term building and modernization project expected to cost a total of \$3,400,000.

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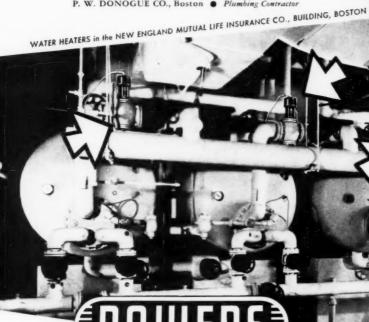


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Number of Births in Hospitals Reaches Record

WASHINGTON, D.C.—A greater proportion of births in the United States was in hospitals or institutions in 1947 than in any previous year on record, it was reported last month. The number of registered live births rose to a peak of 3,699,940 in 1947, according to Surgeon General Leonard A. Scheele of the Public Health Service. At the same time the proportion occurring in hospitals reached a new high of 84.8 per cent.

An additional 10.1 per cent of births in 1947 were attended by physicians outside of hospitals and only about one out of 20 births was delivered by a midwife or other non-physician.

Since 1935, the first year that data of this kind became available, the percentage of total, births delivered in hospitals has more than doubled, rising from 36.9 per cent in 1935 to 84.8 per cent in 1947, according to the report. This increase has been accompanied by a reduction in the proportion of live

births delivered by physicians outside of bospitals, from 50.6 in 1935 to 10.1 per cent in 1947, as well as a decline in the percentage delivered by non-physicians, from 12.5 in 1935 to 5.1 per cent in 1947.

The percentage of births occurring in hospitals was reported as follows for the various states:

Alabama	5	á
Arizona		
Arkansas	5	
California	9	9
Colorado	9	n
Connecticut	9	D.
	89	3
Dist. of Columbia	90	Ž.
Florida	7	5.
Georgia	6-	
Idaho	9.	
Illinois	94	6
Illinois Indiana	90	1
Iowa	94	î
Kansas	92	
Kentucky	55	
Louisiana	7.4	
14	74	
Mareland	0.1	
Massachusetts Michigan	97	1
Michigan	95	
Minnesota	96	4
Mississippi	41	(
Missouri	80	-
Montana _	97	5
Nebraska	93	5
	0.9	8
New Hampshire	07	
		2
		9
New York	07	5
North Carolina North Dakota	65.	6
North Dakota		
Ohio	92.	
Oklahoma	80.	
Oregon	98.	
Pennsylvania	00	2
Khode Island	07	7
South Carolina	5.7	5
South Dakota		
Tennessee	66.	
Texas	75	
L'tah	97.6	
Vermont	90.	
Virginia	67.5	
wasnington	98	
West Virginia	59.1	l
Wisconsin	95.5)
Wyoming	94.8	Ý



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Dozen	21.00	Dozen	18.00	Dozen	21.00

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\$2,225,000 Building Program

Los Angeles.—The University of California branch here is planning a \$2,225,000 hospital program, it was announced last month. The unit, which will include a mental hospital and special clinic for study and treatment of cerebral palsy, is part of the university's research and medical center development, it was explained. Appropriations for the mental and cerebral palsy hospitals have been set aside for the university by the state, a university announcement said, but detailed planning and construction have been held uppending selection of the site.

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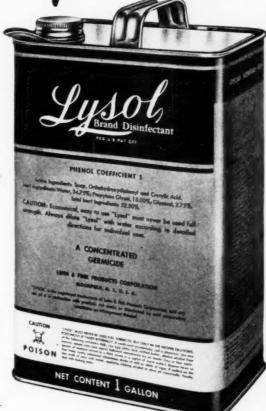
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Cannot Furnish Emergency Care to Prisoners, Hospital Tells City Officials

CHICAGO. - Provident Hospital here has announced that emergency care cannot be furnished to prisoners of the city. county or Chicago Park District without assurance of full compensation for the care of such patients. In a memorandum to Mayor Martin Kennelly, Stanley Wanzer, president of the large Negro institution, said that losses on emergency cases last year amounted to \$16,-

877, a burden which the hospital could our institution should not have to bear no longer assume.

Sixty per cent of all cases coming to the Provident emergency room are brought in by city police, Mr. Wanzer's letter said, and about half that number are in police custody.

The hospital also announced that admission of emergency cases would be restricted to those coming from the area immediately surrounding the hospital. We feel that the care of persons under arrest is a public responsibility and that

this burden," the hospital president

Concurrently, the hospital announced the closing of its outpatient clinic which was handling approximately 40,000 visits a year, also for financial reasons. This step is being taken reluctantly as we know that it will have a bad effect on many people," Mr. Wanzer explained,

We would not be taking these drastic steps if we could see any way out in the immediate future. Considerable sales resistance is now being encountered from some of our biggest corporate donors who are questioning why they should continue to supply funds which they feel should come from public sources

At a meeting called by the Chicago Welfare Council to discuss the effects of the Provident move on other Chicago hospitals, clinic directors of nine voluntary hospitals on Chicago's south side reported that outpatient facilities were being used to capacity and that neither financial nor physical facilities could be expanded.

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Blood Bank Director Dismissed Following Dispute Over Article

NEW YORK .- Dr. Ernest Klein was dismissed as director of the blood bank at the University Hospital, a unit of the New York University-Bellevue Medical Center here, following a dispute over publication of a controversial article in a medical journal here last month, the New York Times reported.

The article reported findings and conclusion made by Dr. Klein during the period of his service as director of the hospital's blood bank, it was reported. Dr. Klein observed a correlation between hemoglobin estimations and the occurrence of coronary thrombosis and concluded in the article that "diet is the most important way to decrease hemoglobin and therefore prevent coronary occlusion," the newspaper said.

Following criticism of the medical journal which published the article, a spokesman for the hospital disclaimed any sponsorship approval or prepublication knowledge of the project and added that university rules governing professional publications had been unheeded.

The article was criticized as medically inaccurate

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The Modern. Faster Way

> REDUCE LABOR COSTS

With a Finnell Scrubber-Vacuum, all four of the floor-cleaning operations can be done mechanically! A Finnell Scrubber-Vacuum (1) applies the cleanser, (2) scrubs, (3) rinses if required, and (4) picks up. With one or two operators, this all-in-one unit can do a cleaning job better in half the time it takes a crew of six to eight using separate equipment for the several operations.

The model shown above at left, for heavy duty requirements, has a cleaning capacity up to 8,750 sq. ft. per hour. The single disc machine shown above at right, for use on the smoother type of floors, cleans up to 10,000 sq. ft. per hour! Finnell also offers a Scrubber-Vacuum for smaller operations . . . for use in congested areas. All Finnell Scrubber-Vacuum Machines are self-propelled.

There's a Finnell man nearby to help train your maintenance operators in the proper use of Finnell Equipment. For consultation, demonstration, or literature, phone or write nearest Finnell Branch or Finnell System, Inc., 1409 East St., Elkhart, Ind. Branch Offices in all principal cities of the United States and Canada.

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Public Relations Directors Organize Association

CHICAGO.—Public relations directors of Chicago hospitals have organized as the Chicago Hospital Public Relations Association, it was announced following an initial meeting here last month. The new group will seek to promote a common ground on which hospital public relations people may discuss problems and exchange information on activities and policies, the announcement said.

Other objectives named were: to pro-

mote a closer working relationship with Florence Hyde, Presbyterian Hospital, press, radio and all other media of communication, and to promote better un derstanding of the problems and scope of hospital public relations by hospital administrative staffs and the medical and nursing professions.

Officers chosen to head the association are: Mrs. Germaine Febrow, St. Luke's Hospital, president; Scott Jones. Wesley Memorial Hospital, vice president; Neola Northam, Children's Memorial Hospital, secretary-treasurer; Mrs.

membership chairman; C. Lincoln Williston, University of Illinois Hospital, program chairman.

The association will meet every other month. Program plans call for panel discussions on such subjects as medical and hospital publicity ethics, press relations, and the press code. Representatives from the medical and hospital professions and the press will be invited to participate.

Representatives from the following Chicago hospitals were present at the organizational meetings: St. Luke's, Wesley Memorial, Passayant, Children's Memorial, Presbyterian, Billings, University of Illinois and Grant. Dr. A. C. Ivy, vice president of the University of Illinois in charge of Chicago professional schools, will address the association and its guests September 7 at the Presbyterian Hospital. His subject will be "Medical Education of the Public.

Supervisory Training Workshop at Cornell

ITHACA, N.Y.-Hospital administrators from 14 states attended a workshop on supervisory training in human relations at Cornell University here last month. The conference was conducted by the New York State School of Industrial and Labor Relations, in cooperation with the American Hospital Association. At the opening session of the conference, Ann Saunders, personnel specialist on the association staff, explained how more effective hospital operation can be achieved by supervision.

Chairmen of the three groups into which the conference was divided for workshop discussions were Carl Lamley, Highland Park, Ill.; Milo Anderson, Methodist Hospital, Gary, Ind., and Harvey Schoenfeld, St. Vincent's Hospital, New York City.

Would Reinstate Canceled V.A. Projects

WASHINGTON, D.C.-A bill which would reinstate canceled Veterans Administration building projects was introduced in the House of Representatives by John E. Rankin of Mississippi last month. The Rankin Bill would instruct the Veterans Administration to reestablish projects deleted from the V.A. program following recommendations by the Hoover Commission and the A.H.A. last fall.



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Practical Marlite plastic-finished wall and ceiling panels offer real economy to hospitals and institutions planning new construction or modernization. For Marlite costs less to buy and install, and eliminates costly maintenance through the years.



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1. Open cover as shown



2. Press cover firmly over nipple. (Heavy dotted line shows how tabs engage bottom of nipple.)



5. Cutaway view indicates secure anchorage of cover.

NipGard nipple covers completely cover the nipple and the neck of the infant's nursing bottle. Quickly applied, the cover is held firmly in place by specially designed tabs as illustrated.

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- NipGard nipple covers do not jar off or require rehandling.
- There is NO BREAKAGE, NO WASH-ING, NO IDENTIFICATION STRIPS OR TAGS TO APPLY.
- Space for writing in identification data, name, formula, etc. is provided on each nipple cover.
- NipGard covers SAVE NURSES' TIME, give EXTRA SAFETY.

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NEWS...

Minnesota to Start Course in Practical Nursing and Home Management

MINNEAPOLIS.—A new course in home management and practical nursing will be organized by the University of Minnesota School of Agriculture in cooperation with the university's school of nursing, Dr. J. O. Christianson, agricultural school superintendent, and Katharine J. Densford, director of the school of nursing, announced here last month. The course has been designed to meet the need for nursing throughout the state, particularly in rural areas, Miss Densford said.

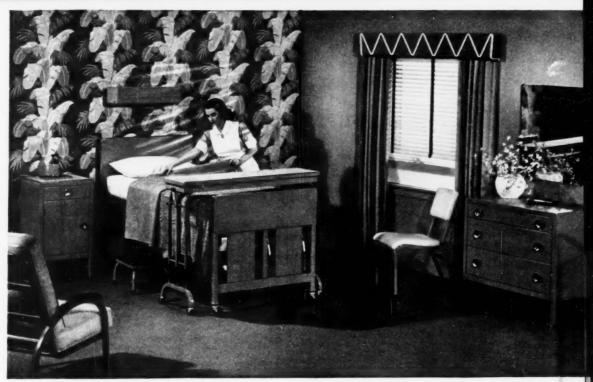
The curriculum, covering an 18 month period, includes classroom instruction and supervised practical experience in the school of agriculture. the university hospitals, and affiliated small hospitals in rural communities. In addition, students will take part in campus activities, such as music, dramatics and athletics. Miss Densford explained, to promote leadership in further preparation for an active part in community affairs. Graduates will receive a certificate in home management and practical nursing and will be eligible to take the state board examination for licensure as practical nurses, Miss Densford stated. The first class will begin the course in October.

Closes Nursing School

CHICAGO.—The nursing school at Women's and Children's Hospital here has been closed, Mrs. Edna Nelson, hospital administrator, reported last month. Undergraduates at the school were transferred to Henrotin Hospital School of Nursing, it was explained. The move was made necessary because of the lack of students and instructors, the hospital said, and will not be permanent if more instructors become available and recruitments increase.

Lull Gets Legion of Honor

Dr. George F. Lull, secretary and general manager of the American Medical Association, and former deputy surgeon general of the army, has been awarded the French Legion of Honor for his activities on behalf of the French people immediately after World War II. Formal presentation of the medal was made by Jean Joseph Viala, French Consul General, in Chicago.



Draperies in this room are by Goodall Fabrics, Inc.

Simmons Hospital Room No. 66—A grouping of No. 112 Jurniture. Selection of colors or grain finishes. Room illustrated in Silver Mist.



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Here's modern design! The kind that keeps you up to date . . . the kind your patients appreciate. These handsome Simmons room groups are of sturdy steel. You can rely on steel for longer service, fire resistance, and other advantages. The pleasing finishes will keep their cheerful color and warm friendliness for years. And what color! Only Simmons gives you a broad selection of attractive color combinations and grain finishes in long-wearing, fireproof metal. Doctor, patient and nurse will thank you for rooms like these.

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How much TOO MUCH does floor cleaning cost you?

Look at your annual floor upkeep bills and you're in for some surprises.

Notice: labor takes 90% or more of your floor dollars. If you use floor cleaners that work slowly . . . if your wax "walks off" and gets slippery after moderate traffic and needs frequent stripping and reapplication . . . extra labor boosts your costs 'way out of line!

How much? Up to 69%... according to leading buildings who save that much with the Legge System. One hospital eliminated five rewaxings a year and chopped \$19,000 from a \$60,000-a-year floor-care bill. Another building cut out weekly waxings and bi-monthly strippings to slash costs by 69%.

Hocus-pocus? No. Legge floor pol-

ishes are designed to produce a clean, glossy finish that is safe... and have reduced falls on slippery floors up to 95%. They've got to be good. They're exceptionally wear-resistant and easy to use.

What's more, Legge Safety Engineers supervise their use; teach crews efficiency; replace haphazard maintenance with a plan that assures continuously safe, clean, bright-looking floors—and whittles dollars off housekeeping budgets. Their services are free with Legge products.

The Legge System can save you money. To get the facts, clip the coupon to your letterhead and mail. Walter G. Legge Company, Inc., New York 17, N. Y. Branch offices in principal cities.

To Prevent Operating Room Explosions: Start with the floor

Of all causes of operating room explosions, sparks from static electricity discharges are the most insidious. Large static charges build up quickly and unseen from simple acts like walking across a floor, handling a wool blanket. Then, if they leap across space as a spark, they can ignite anesthetic vapors.

The accepted hospital preventative is to make the operating room floor conductive of static electricity to drain off static charges before they accumulate.

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Legge Safety Engineers make the following points in relation to conductive floors in hospitals:

1. To be fully conductive, the entire area of the floor must be a low-resistance conductor. And the whole area must be connected to a ground, through which the currents can pass off harmlessly.

2. Existing floors of ordinary composition can be made conductive with Conducote. This plastic coating, manufactured by the Walter G. Legge Co., is painted over a grounded wire grid. It gives a seamless, easy-to-clean floor surface that is conductive.

3. Everything in the operating suite should be effectively grounded. Tables and equipment must make floor contact with metal or another conductor. If they don't, chains or similar devices can be used. Individuals must also be in effective contact with the floor. Rubber heels destroy conductivity—as does the floor wax that often accumulates on shoe soles. Wearing a No-Stat grounding device, another Legge product, overcomes these difficulties.

4. Floor maintenance must not coat the floor with insulating materials—like soap or wax. Legge Safety maintenance products are usually recommended because, when used as directed, they do not destroy the conductivity of a conductive floor.

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Readings of your conductive floor can be taken to determine how capably it absorbs static charges. Legge Safety Engineers will gladly make them free of charge—and without obligation—for any hospital in doubt. Just write "Test my Conductive Floors" on the line for Type of Floor in the coupon to the left of this page; clip it to your letterhead and mail to Walter G. Legge Co., Inc.

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In whitest white or clean, clear, pleasing colors, there's a Barreled Sunlight Paint for every job

It always costs more not to paint!

ABOUT PEOPLE

(Continued From Page 88)

Moline State Hospital, Fast Moline, Ill. He succeeds Dr. Philip S. Waters, who retired as superintendent after nearly 35 years of service at the hospital.

Harold Robert Cathcart has been appointed administrative assistant at Pennsylvania Hospital, Philadelphia, Mr. Cathcart completed his hospital administrative course at the University of Toronto. He interned at Blodgett Memorial Hospital, Grand Rapids, Mich., and at Hillsdale Community Health Center, Hillsdale, Mich.

Brooks Bromley has been named managing director of St. Christopher's Hospital. Philadelphia.

John W. Bentz, business manager at State Hospital South, Blackfoot, Idaho, for the last two and one-half years, has been appointed assistant to the superin-

Thomas H. Head, assistant administrator and business manager of Shan-

non West Texas Memorial Hospital, San Angelo, has resigned because of ill health. Mr. Head was president of the Texas Hospital Association in 1947 and was president of the Northwest Hospi tal Association in 1945,

Lt. Col. Michael L. Sheppeck has replaced Col. William W. Nichol as executive officer of Walter Reed General Hospital, Washington, D.C. Col. Nichol has been transferred to Army-Navy Gentendent of Wesley Hospital, Wichita, eral Hospital at Hot Springs, Ark., where he will become chief of surgical service. Col. Sheppeck, who received his master's degree in hospital administration on August 1 from Northwestern University, was commanding officer of the 28th General Hospital in Japan for three years.

> Charles Freeman has succeeded Harry F. Tubergen as superintendent of Alton Memorial Hospital, Alton, Ill. Mr. Freeman was assistant administrator of Columbia Hospital, Milwaukee, for the last four years.

> Homer Horton Jr. is the new business manager at Columbus Hospital and Clinic, Columbus, Tex.

> Lt. Col. Wilfred A. Emond has assumed his duties as assistant executive officer of the Army Medical Center, Washington, D.C., where he will be in charge of administrative and personnel services. Prior to his new appointment, Col. Emond was director of the personnel division, medical section, general headquarters, Far East Command, in Tokyo.

> Morris F. George is now executive director of Abington Memorial Hospital, Abington, Pa.

> William B. Hall has been appointed superintendent of the University of Cali fornia Hospital, San Francisco. Other appointments include Kenneth M. Eastman, business manager and assistant superintendent, and William S. Weeks, assistant business manager and assistant superintendent.

Samuel Gertner has resigned as assistant director of Beth Israel Hospital, New York City, to accept an appointment as executive director of Mount Sinai Hospital of Greater Miami, Miami Beach, Fla.

Meyer I. Gill, executive director of the Beth Abraham Home for Incurables. New York City, for the last eight years, has resigned to accept the position of associate director at Beth Israel Hospital, New York City.

Dr. Peter A. Volpe is now manager of the Veterans Hospital at Dwight, Ill., succeeding Dr. S. T. Taylor, who has retired. Dr. Volpe has served with



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the Veterans Administration for the last N.C., has assumed new duties as adthree years as medical director for Ohio, ministrative assistant there. Michigan and Kentucky.

pointed assistant administrator of Lima bia University School of Public Health, Memorial Hospital, Lima, Ohio. Prior has been appointed assistant administo joining the Lima hospital last fall, trator, People's Hospital, Akron, Ohio. Mr. Powers was associated with Children's Hospital, Akron, Ohio.

E. E. Martin has been named administrator of the new Sid Peterson Memorial Hospital at Kerrville, Tex.

Charlotte Memorial Hospital, Charlotte, years previous to March 1, 1949, under

Robert E. Wallace, a graduate of the Franklin W. Powers has been ap- class in hospital administration, Colum-Mr. Wallace served his administrative residency at the Youngstown Hospital Association, Youngstown, Ohio.

Milton B. Shrover has been named assistant director of Oak Ridge Hospi-Harold C. Greene, who recently com- tal, Oak Ridge, Tenn. Mr. Shroyer was pleted his administrative internship at business manager of the hospital for five

government operation. On March 1 the hospital properties were transferred, under a lease arrangement, to Oak Ridge Hospital, Inc., a nonprofit corporation established for the purpose of operating the hospital.

Jack Shrode has been named administrator of Winkler County Memorial Hospital, Kermit, Tex. Mr. Shrode completed his administrative internship at Harris Hospital, Fort Worth, Tex., in June and received his master's degree in hospital administration from Washington University, St. Louis.

Henry D. Hamilton, a graduate of the class in hospital administration, Columbia University School of Public Health, who has been administrative resident at Ellis Hospital, Schenectady, N.Y., has been appointed executive secretary, Hospital Council of National Capital Area, Washington, D.C.

Ernest M. Sable has been appointed administrative assistant at Mount Zion Hospital, San Francisco. Mr. Sable received the degree of master of public health from Yale University in June. He served his administrative residency at Beth Israel Hospital, Boston.

Department Heads

Sara Abrams, a former lieutenant colonel in the army nurse corps, has been appointed director of nursing at the Illinois Neuropsychiatric Institute, Chicago. Miss Abrams will supervise the nursing staff of the institute and will be in charge of the affiliate course in neurological and psychiatric nursing that is offered to students enrolled in schools of nursing throughout the state.

Adelma E. Mooth has been appointed superintendent of nurses and principal of the school of nursing of New Britain General Hospital, New Britain, Conn. Miss Mooth has held administrative and teaching positions at Indiana University Medical Center at Indianapolis, at Miami Valley Hospital, Dayton, Ohio, and Toledo Hospital, Toledo, Ohio.

Miscellaneous

Charles L. Freeman, formerly executive secretary to the board of trustees of Rockford Memorial Hospital, Rockford, Ill., is now on the staff of the Blue Cross Plan for Hospital Care as an administrative assistant in the hospital service division.

Maurice Leven has resigned from the U.S. Public Health Service to become a consultant in the economics of medical and hospital care.

Dr. Frank F. Tallman of Columbus, Ohio, has been appointed to the direc-

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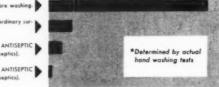
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torship of the California State Department of Mental Hygiene, a position left vacant since the resignation of Mrs. Dora Shaw Heffner, a Los Angeles attorney, earlier this year. Dr. Tallman has held positions in Rockland State Hospital in New York, was director of mental hygiene in Michigan from 1942 to 1944, and commissioner of mental hygiene in Ohio from 1944 to 1947.

James R. Gersonde, who received his master's degree in hospital administration at Northwestern University in June after having completed a year's



administrative residency at Harper Hospital, Detroit, has been appointed manager of a hospital relations division established to deal with problems of mutual interest to Blue Cross plans and

John M. Galloway, a graduate of the class in hospital administration, Columbia University School of Public Health, has joined the Blue Cross organization in Richmond, Va. Mr. Galloway served his administrative residency at the Lynchburg General Hospital, Lynchburg, Va.

Deaths

Grace B. Hinckley, who retired last fall as superintendent of Methodist Hospital, Brooklyn, N.Y., after 35 years of association with that institution, died in Brooklyn. Among other professional affiliations, Miss Hinckley was a fellow of the American College of Hospital Ad-

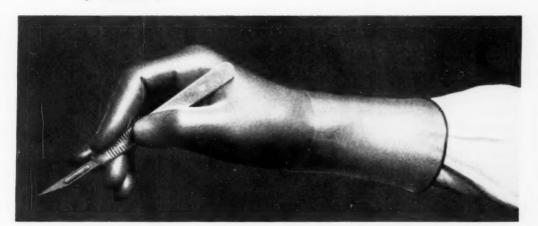
Dr. Frederic A. Washburn, noted hospital administrator, former president of the American Hospital Association, and United States Army medical officer in three wars, died August 21 at the age of 80. Dr. Washburn was director of Massachusetts General Hospital from 1908 to 1934 and director of Massachusetts Eve and Ear Infirmary, Boston, from 1915 to 1934. He was named director emeritus of M.G.H. upon his retirement from the hospital to become commissioner of institutions of Boston, a post he held from 1934 to 1937. He became director of Cambridge Hospital, Cambridge, Mass., in 1937, remaining there until 1940 when he became consulting director. He was an honorary tellow of the American College of Hospital Administrators and received the American Hospital Association Award of Merit in 1941.



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THE BOOKSHELF

ANESTHESIA, PRINCIPLES AND PRAC-TICE. By Alice M. Hunt, R.N.

This book is a concise readable text containing a great deal of practical information. The author has made an from experience in regard to the comeffort to cover the entire field of anesthesia and in so doing has had to be through the anesthesia period. Miss

tle attempt is made to include detailed technical material. The book is obviously written by one who wishes to convey practical knowledge garnered fortable and safe handling of patients brief on many points of interest. Lit- Hunt has done this rather well and has

brought forth many facts of which people are not ordinarily cognizant and which they can learn only by experi-

The book should be very useful in the early training period for nurse anesthetists and also in the training of student nurses. It should give them some concept of the pitfalls of taking care of the anesthetized patient along with enough technical information to put this knowledge into practice.-HELEN DENNY, M.D.

MODERN DRUG ENCYCLOPEDIA AND THERAPEUTIC INDEX. By Marion E. Howard, M.D., F.A.C.P., Associate Clinical Professor, Department of Internal Medicine, Yale School of Medicine: Associate Physician, Grace-New Haven Community Hospital and the Department of University Health, Yale University, New Haven, Conn. Fourth Edition. New York: Drug Publications, Inc., 1949.

This volume is a noncritical compendium which contains all of the copyrighted drug names for various formulations marketed by the American drug industry. As such it provides a handy reference book for the educator and pharmacist. The glossary indicates the length to which industry has gone to obtain a suitable name for a sealed hard gelatin capsule or an enteric-coated pill. Approximately 10 different names are applied to each of these types.

This book differs from the U.S. Pharmacopoeia and National Formulary in that an earnest attempt is made to state concisely the actions and uses of each preparation listed. The book should be exceedingly valuable in the hands of the drug committee of each hospital in that, if annotated with prices, the committee can quickly determine which brand provides the most for the patient's money. A quick survey of the numerous preparations will also discourage any attempt to stock all new drugs that may be merely new combinations which can be prepared as needed by the hospital pharmacist.-C. C. PFEIFFER, M.D.

PRESENT CONCEPTS OF REHABILITA-TION IN TUBERCULOSIS. By Norwin C. Kiefer, M.D. Pp. 398. National Tuberculosis Association, 1948, \$3.50. THE REHABILITATION OF THE TUBER-CULOUS. By H. A. Patterson, M.D., F.A.C.P. Pp. 250. Livingston, New York: The Livingston Press. Third Edition, 1949. OCCUPATIONAL OUTLOOK HANDBOOK,

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to 1947. This interest is well deserved Kiefer fitted his immense material ad-

EMPLOYMENT INFORMATION ON and justified, because experience has mirably into 14 chapters so that the MAJOR OCCUPATIONS FOR USE IN amply proved the fact that the tuber- various phases of the problem are co-GUIDANCE. Bulletin No. 940, U.S. culous are badly in need of gradual herently presented. In the closing chap-Department of Labor, Bureau of La-hardening and adequate training before ter the author points out boldly the bor Statistics in Cooperation with they can return to a workaday life even shortcomings of our present-day pro-

compendium and a succinct digest of plex field. In recent years rehabilitation has been all that was written in recent years on given increasing attention in our com- the subject of rehabilitation. In his plex structure of tuberculosis control. In careful search of the literature, no pubthe work under review, Kiefer lists 1007 lication has escaped the author's attitles on the subject, or related to it, tention, as far as this reviewer can aspublished mostly in the decade of 1938 certain. In a masterly fashion Dr. studies.

the Veterans Administration, Pp. 455. after their disease has become arrested, cedures and lists and discusses in detail Dr. Kiefer's book is a most useful the type of research needed in this com-

> All in all, Dr. Kiefer's work is a reference book of first magnitude, which should be at the elbow of every tuberculosis worker, and should lead to fruitful paths instigating much needed

> Dr. Patterson is a pioneer in the rehabilitation of the tuberculous, and has devoted his life for the last 30 years to this important problem. The popularity and usefulness of his work are attested by the fact that the present volume is the third revised edition. The publication in itself is a proof of the value of rehabilitation. It has been printed by the rehabilitation patients of the Potts Memorial Institute of which the author has been the moving spirit and director since its inception. In mere craftsmanship the book would be a credit to any publishing house.

Following a discussion of the various problems in rehabilitation, the author describes in a concise manner the outstanding major rehabilitation projects in this country and the world over. This, too, then is a reference book of outstanding merit and extremely useful to every worker in the field of tuberculosis.

Tuberculous patients who already possess occupational skills are in need of a new vocation only if their previous job called for strenuous exercise, or if it exposed them to dust hazards. There are a considerable number of patients, however, who have never acquired a skill either because of lack of opportunity, or because they were too young at the time they developed their disease. Their rehabilitation must include vocational training.

In choosing a vocation the candidate should be counseled not only concerning his aptitude but also in regard to the prevailing labor market in a given field. Not even the most skillful and experienced vocational counselor, however, is in a position to be familiar with all the various occupational possibilities. The "Occupational Outlook Handbook" fills this need.

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Information. Obviously, such a study can deal only with a selected list of the nearly 30,000 described in the Dictionary of Occupational Titles. The 288 occupations dealt with are the most commonly sought. Naturally, anyone could readily add to the list a number of occupations which are not covered, In a cursory review this reviewer missed a chapter on such a common occupation as sales clerks, and another one on health education directors. The latter is a budding profession which holds out much promise for employment. Tuberculous patients and others with med-

to this field from their own personal experience.

It is planned to keep this book up to date by future releases and additions (to date, already five releases have been issued). A loose-leaf edition with a hard cover would greatly facilitate this purpose and make future complete revisions less urgent.

The excellence of the text and of the typographical layout cannot be overemphasized. In contrast with most governmental publications this book invites reading.-MAXIM POLLAK, M.D.

ical handicaps could contribute much AMERICA'S HEALTH. Official Report of the National Health Assembly, May 1948. XIV-Pp. 395. New York: Harper and Brothers, 1949.

> This volume summarizes more than 30,000 man-hours of program-planning, speech-making, problem-solving and conclusion-drafting during the four-day sessions of the National Health Assembly conducted by the Federal Security Agency in Washington, D.C., May 1948.

> The assembly included 800 invited delegates, classified in 14 sections ranging over the entire field of individual and public health. The sections considered problems concerned with personnel, facilities, motherhood, birth, youth, old age, sanitation, nutrition, dentistry, mental health, research, education, rehabilitation, rural environment, community organization, international cooperation, and, finally but not least important, the production and financing of personal health services.

> The last-mentioned topic was listed in the agenda as "Medical Care." Its discussions drew the largest crowds, just as personal health services involve the largest financial expenditures. The controversy over compulsory health insurance occurred in meetings of the Medical Care Section: likewise the conflict over group medical practice.

> The book is a reference work of facts and ideas skillfully summarized and accurately reported. The various committees and sections used available statistical data in arriving at their conclusions and recommendations.

This volume should be distinguished from The Nation's Health: a Ten Year Program published by the Government Printing Office, which was a report by the Federal Security Administrator to the President of the United States, September 1948. The Medical Care Section approved group practice, preventive medicine, and health insurance. But the official recommendations did not support a national program of federally sponsored health insurance.

Specialists in various fields of health, (physicians, nurses, public health officials, hospital administrators, social workers, medical economists) will probably find the "other" sections of the report most rewarding as a source of knowledge and ideas. Of necessity, many ideas were briefly treated in this summary, with some conclusions sounding more like creeds of conviction than programs for action. But this assembly of ideas and information should be available for study in the library of every hospital.-C. RUFUS ROREM.



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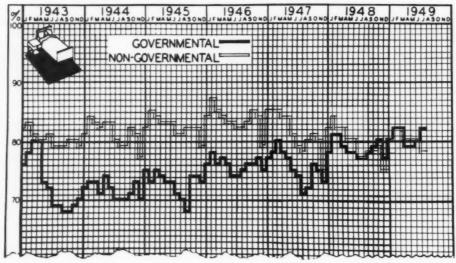
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constant downward revision of cost es-Hospital construction continued to be timates on projects first reported earlier.

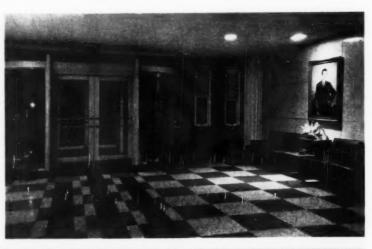
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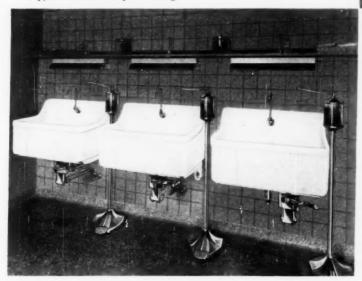
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Above: Flushing Rim Service Sink of Crane Duraclay, pictured at Xavier Hospital. Duraclay stands up to bumps and jars . . exceeds the most rigid tests for bospital plumbing fixtures.

Left: Duraclay Wash-Up Sinks at Xavier Hospital. Duraclay is completely immune to thermal shock—entirely different from any other material used in hospital fixtures.

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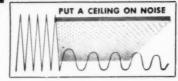
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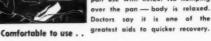
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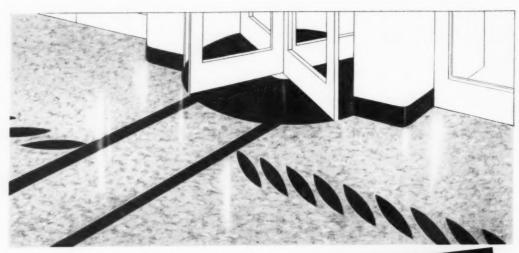
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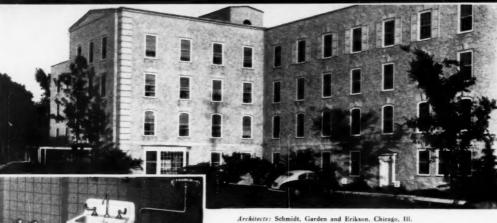
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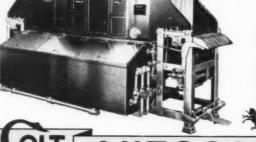


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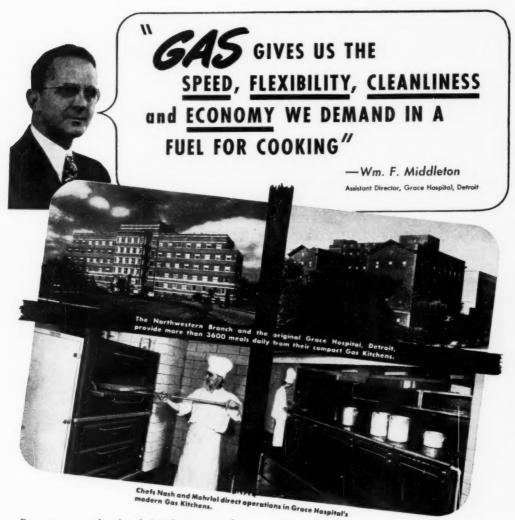
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=1939 WALLACE MULTIPLE-USE BOWL

Bowl with Fruit Juice Ring and Glass, Use for serving iced fruit and vegetable juices.



Bowl with Fruit Cocktail Ring and Glass. Use for serving iced fruit and sea food cocktails, ice cream, jello, jellied consomme, custards, etc.

"tailored" to the special needs of hospitals.

Here is the latest development—a Multiple-Use Bowl that

Here is the latest development—a Multiple-Use Bowl that materially reduces the amount of holloware needed, which means less cost, less storage space and less cleaning and polishing.



Hot cereals and soup are served in covered bowl. Without cover, it is ideal for baked apple and other fruit, cold cereals, etc.

If desired Bowl, Rings and Cover may be purchased separately. Wallace Hospital Holloware is 18% nickel silver base, silver soldered and plated with pure silver. It is durable, as well as handsome!

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PATIENT PAT: Golly, anybody'd be glad to be in the hospital when it's like this. I feel like Mom. with breakfast in bed. (Young as she is, Pat is an old fan of Kellogg's cereals.)



NURSE FRANCES: I'm so busy getting patients ready for Dr. Wilson, you can guess how glad I am for Kellogg's Individuals. They make breakfast a cinch to serve—and everybody likes 'em so much!



DIETITIAN PETERSON: My job is easier, too, with Kellogg's delightful hints on meal planning. Write to Kellogg's, Dept. XX, Battle Creek, Michigan, for booklet "What shall I serve."



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Be sure your wholesaler salesman keeps your assortment of Kellogg's complete at all times.

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CRACKED ICE CART ALL STAINLESS STEEL

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Model XV Ice Cart For Storage and Mobility All Stainless Steel

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Complete Line of Cracked Ice containers and carts.

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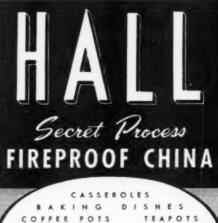


are invariably the choice of leading hospitals.

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The only known cooking china made by our secret process that fuses body, glaze, and color inseparably. Crazeproof, stainproof, absorption-proof... used in thousands of institutions.

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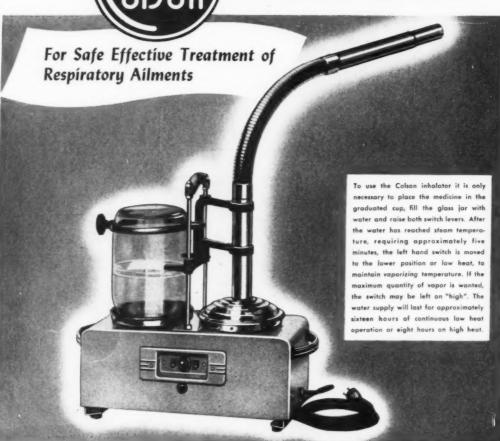
"Not one single case of throat irritation due to smoking <u>CAMELS!</u>"



More Doctors Smoke CAMELS than any other cigarette

Doctors smoke for pleasure, too! When three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel!





The Colson inhalator is the most effective method of administering vaporization or inhalations to patients with respiratory diseases. Nothing has been spared to make its operation simple, certain and effective. This instrument features visible water supply, uninterrupted operation while replenishing water supply, noiseless operation, fountain feed to boiler to maintain an even

flow of steam, easy access to medicine container, trouble-proof thermal switch to prevent overheating if water supply is exhausted, high and low heat, and modern attractive appearance. This modern inhalator is consistent with the craftsmanship quality that has made Colson wheel chairs, stretchers and tray trucks the choice of leading hospitals everywhere.

Write today for catalog H-11 covering Colson's complete line of equipment for hospital use, or consult the yellow pages of your phone book for the local Colson office

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CASTERS - INDUSTRIAL TRUCKS AND PLATFORMS - LIFT-JACK SYSTEMS - BICYCLES - CHILDREN'S VEHICLES WHEEL CHAIRS - WHEEL STRETCHERS - INHALATORS - TRAY TRUCKS - DISH TRUCKS - INSTRUMENT TABLES

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new PIEXITRON tubes

Yes, these new PLEXITRON tubes and catheters are slick. They are easier to pass than their rubber predecessors. They are non-irritating. They are tasteless and odorless.

They offer greater patient comfort.

PLEXITRON tubes and catheters cost substantially less than rubber, which makes their "one-time use" entirely practical.

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The inherent smoothness of PLEXITRON products minimizes any problem of insertion or removal due to friction, especially when lubricating jelly is used. Even with prolonged use, significant irritation rarely occurs.

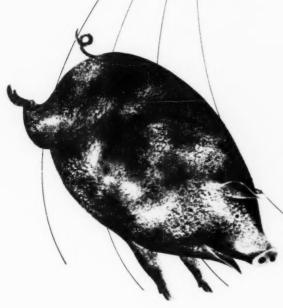
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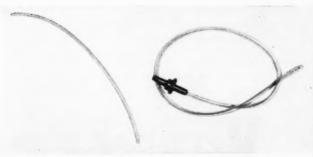
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LEVIN TUBE is entirely radioopaque, facilitating fluoroscopic observation. Ultra-smooth plastic is nonirritating to delicate membranes. Foul taste and smell of rubber are entirely absent.





RECTAL TUBE is made of clear, slick plastic. It may be inserted with remarkable ease. Irritation is minimal,

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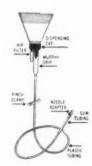


Another good way, and somewhat more practical, is to obviate the entire timeconsuming cycle of assembling, disassembling, washing and sterilizing ordinary
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Delivered sterile in a convenient, easy-to-store package, Venopak is always ready
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Supplemental medication can be given during an infusion without disturbing
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But see for yourself the safety, convenience, versatility—and economy of Venopak with Abbott's ampoule-quality solutions. Just ask your Abbott representative for an on-the-spot demonstration. For literature, write to Hospital Division, Abbott Laboratories, North Chicago, Illinois.



new color film:

A motion picture, "Modern Trends in Intravenous Therapy," is available to interested hospital groups. It illustrates the techniques of intravenous therapy, blood banking and blood transfusions. Just drop a note to Hospital Division. ABBOTT LABORATORIES, VORTH CHICAGO, ILLINOIS



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*Abbott's Completely Disposable Venoclysis Unit



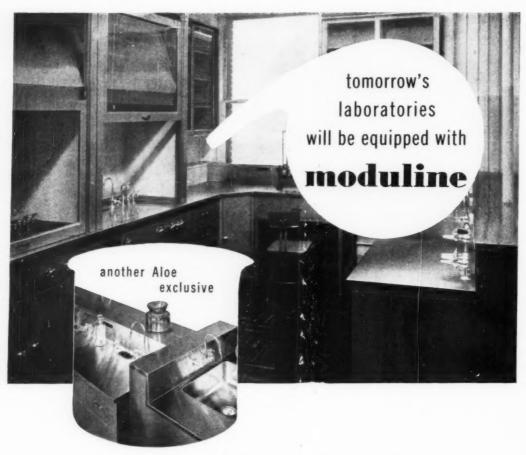
The INFANTAIR - a unit that will provide for the most exacting requirements of the nursery. Oxygen can be supplied at a moment's notice - cooled, if necessary. Controlled heat within 1° is always available. Humidity regulation has been simplified - no bothersome moisture wicks. Three adjustable louvres provide for ample air circulation.

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Fit all A.S.R. and all standard surgical blade handles

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in hay fever ...

- ... Nasal Engorgement Reduced
- ... Soreness, Congestion Relieved
- ... Aeration Promoted
- ... Drainage Encouraged



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Brand of Phenylephrine Hydrochloride

When Neo-Synephrine comes in contact with the swollen, irritated mucous membrane of the nose, the patient soon experiences relief.

This powerful vasoconstrictor acts quickly to shrink engarged mucous membranes, restoring easy breathing, and promoting free drainage.

The prolonged effect of Neo-Synephrine makes fewer applications necessary for the relief of nasal congestion — permitting longer periods of comfort and rest.

Neo-Synephrine does not lose its effectiveness on repeated application . . . It may be employed with good results throughout the hay fever season . . . It is notable for relative freedom from sting and absence of compensatory congestion . . . Virtually no systemic side effects are produced.

Supplied as:

14% and 1% in isotonic saline solution —1 oz. bottles.

14% in aromatic isotonic solution of three chlorides—1 oz. bottles.

1/2% water soluble jelly-% oz. tubes.





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SURFACE-CHROMICIZING*

When gut is chromicized after strands are spun and dried, chrome concentration is very high in surface layers and relatively low in the core. Inner case is digested rapidly—the highly chromicized periphery survives for prolonged periods.



ETHICON TRU-CHROMICIZING

Individual ribbons of gut are soaked in chrome bath before they are spun into strand, permitting uniform deposition of chrome. The strand thus has the same chrome content from periphery to center.

Why you get a better suture

WITH ETHICON'S TRU-CHROMICIZING PROCESS

The fate of the absorbable suture after implantation and wound closure, and its reactions in the host, are the ultimate test of the suture's quality and dependability.

Today chromicized gut is widely used because of its resistance to digestion until healing is accomplished. In this aspect, the chromic suture must possess these attributes:

1. Sufficient chrome content to withstand premature digestion.

Chrome concentration must not be so excessive that fragments of the suture resist digestion and persist in tissue. This condition frequently leads to knot extension.

In order to obtain a product having the highest possible degree of uniformity, Ethicon chromicizes raw gut strands in the ribbon stage. This more meticulous process was named Tru-Chromicizing. The alternative method, used by others, called surface-chromicizing, involves the dipping of the finished, spun and dried suture strand

in a chrome bath. These are the results of the two methods:

Surface-Chromicizing

In enzyme solution, the core of most surface-chromicized gut digests readily, leaving a hollow cylinder which separates into ribbons.

This cylinder may be excessively resistant to enzyme action and remain as an undigested foreign body indefinitely.

Tru-Chromicizing

Ethicon Tru-Chromicized gut exhibits uniform enzyme resistance throughout digestion. It digests from the surface inward, and retains its integrity as a unified suture until dissolution approaches completion.

Total digestion eliminates the danger of knot extrusions and sterile stitch abscesses.

What Tru-Chromicizing Means To You

- 1. Less interference with healing through minimized foreign body reaction.
- High tensile strength of suture retained for the healing period, followed by complete absorption.
- Uniformity in those physical and physiologic characteristics essential to accurate surgical technic.



To illustrate this comparison, small laboratory trays are used. In commercial production, surface-chromicizing is done under tension. Both processes are performed in large vats.

ETHICON SUTURE LABORATORIES

DIVISION OF JOHNSON & JOHNSON, NEW BRUNSWICK, N. J.



Every WHITE KNIGHT HOSPITAL GARMENT

is Designed and Tailored to Meet the **Exacting Demands of Hospital Service**

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The White Knight label is a symbol of the best that can be produced-in terms of excellence of materials, craftsmanship and, above all, utility without equivocation.

The Will Ross Unconditional Guarantee applies to White Knight Hospital Garments just as it does to several thousand other hospital necessities that add to the ease, efficiency and economy of broad service to the sick and injured.



F-20 OPERATING GOWN PATIENTS' GOWN NURSES' GOWN

A Patient's Gown is a simple thing. But in its very simplicity there is a story — based upon the fundamental purpose of the garment. It must be comfortable in use and easy to put on and take off without inconvenience or discomfort to the patient. The patient's body must be quickly and fully accessible to receive the attentions required from nurses and attending physicians. The garment must protect and cover . . . yet provide complete freedom of action. It must be made of materials that will stand a great deal of hard wear and frequent launderings. Both initial and upkeep cost must be law.

The same is true of Operating Gowns, Nurses' Gowns, Children's and Infants' Gowns and other Hospital Garments and Accessories. It is the knowledge of this fact and the continuous application of this knowledge that makes White Knight Hospital Garments good in every sense of the word.

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Manufacturers and Distributors of Hospital and Sanatorium Supplies and Equipment



CHAMPION Serum-Proof Silk sutures have both advantages. Sutures designed for buried suturing are dispensed on spools and have no contact with chemical irritants. Secondly, there is no enzyme in the human body capable of digesting silk. It is truly non-absorbable. To help avoid post-op fever due to suture chemicals and protein

hydrolysis, specify Champion Silk Sutures. Gudebrod Bros. Silk Co., 225 W. 34th St., New York 1.

> CHAMPION-PARE SERUM-PROOF SILK SUTURES by

Also Makers of DERMAL, COTTON and other CHAMPION SUTURES



THERE'S A



Doctors, Nurses, Technicians and Pharmacists find it so convenient to have Barnstead Pure Distilled Water at point of use. For Barnstead manufactures over 200 different styles and sizes of stills . . . a still for every hospital use . . . so that you have pure distilled water of constant, unvarying quality . . . where you need it . . . when you need it . . . and in whatever quantity you require. And in every model you get Barnstead unmatched dependability in providing the purest distilled water economically and with a minimum of maintenance. Write today for Bulletin 116—Barnstead's Special Hospital Catalog.

PURE DISTILLED WATER

for



Illustrated at left is Type Q single still producing two gallons per hour of distilled water free from organic and inorganic solids, bacteria and dissolved gases. It is water of the highest purity that can be obtained from a single distillation. Ideal for laboratory and research work.

Point of

Use

In the Pharmacy most hospitals use the Barnstead Type Q still, model SMQ-SV, producing 5 gallons of pure distillate per hour. A valuable accessory is the Pyrex Storage Tank for either collecting or dispensing water. Easy to keep clean and sterile. Fitted with Pyrex stopcock and distillate inlet. Capacity — 12 gallons.



Central Supply

In the Central Supply where there is greater continuing demand for distilled water most hospitals now use the Barnstead Type Q Single Still. Shown here is a 10 gallon per hour model used with 12 gallon Pyrex Tank, or with metal tanks of larger capacity as required. Other Type Q Stills with 15, 20 and 30 gallon per hour capacity. And for hospitals that prefer multiple distillation, Barnstead offers a complete line of double and triple stills. Illustration at right shows 20 gallon per hour triple still with 100 gallon storage tank.





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ean" the Air... THAT FINAL STEP

To permit prompt reoccupancy of hospital rooms after discharge of patients, sheets must be changed, floors scrubbed and waxed, and furniture cleaned.

But what about "cleaning" the air? What are we doing to get rid of airborne pathogenic bacteria?

IN HOSPITAL ROOM SANITIZING

That final link in hospital room sanitizing is made possible simply, quickly, economically by the use of-

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GLYCOL VAPORIZER

Just a few seconds spraying with Microbomb is sufficient to reduce airborne bacteria as much as 90%.

- · one spraying only a few seconds-
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How to Evaluate **Hospital Fund Raising Firms**

Look for Repeat Campai

Next time you're trying to decide which fundraising firm shall direct your hospital campaign, remember this criterion by which you can learn a lot about the merits of firms you're considering. Look for "repeat campaigns."

"Repeat campaigns" are those which a firm has directed for the same institution . . . or for different institutions in the same city.

They show how often a firm has been asked back by those who have seen it in action. And professional fund-raising firms seldom are asked back unless they've been successful in attaining their goals, unless they've enhanced the reputation of the hospitals for which they've directed campaigns, and unless they've dealt competently and honorably with clients.

We know of few better ways to evaluate campaign firms than to look for those which have directed a number of "repeat campaigns."

Ketchum, Inc. takes great pride, on its 30th anniversary in the hospital fund-raising field, in the number of times it has been invited back to direct campaigns for former clients and for new clients in communities formerly served.

REPEAT AT FLINT!

One of the most recent in our long list of "repeat cam-One of the most recent in our long list of "repeat campaigne" was climaxed when a campaign for Women's Hospital at Flint, Michigan, raised \$1,286,200. This is especially remarkable considering that more than \$1.756,200. This is by Ketchum, Inc. in 1943.

REPEAT AT NEW CASTLE!

An example of a "repeat" in a town where we'd recently An example of a repeat in a town where we direcently completed a similar campaign for a different institution is believed. D. M. Company of the company of t completed a similar campaign for a different institution is New Castle, Pa. We've' jist helped to raise \$675,000 against a \$595,000 goal for the New Castle Hospital in the same city where we had completed the larger over-the-goal Jameson Hospital campaign just 18 months ago.

REPEAT AT CHESTER!

Just as in New Castle, Ketchum, Inc. raised \$346,000 Just as in New Castle, Ketchum, Inc. raised \$346,000 against a \$300,000 objective for the Crozer Hospital at Chester, Pa.—a city in which we had directed the overthe-goal campaign which raised \$679,000 for the Chester Chester.

REPEAT AT WILLIAMSPORT!

Here's another case where we were invited back by the same institution—in this case, the Williamsport (Pa.) Hospital for which we directed the raising of \$555,000 in 1040 and \$800,000 three years ago.

Ketchum, Inc.

CHAMBER OF COMMERCE BUILDING, PITTSBURGH 19, PA. 500 FIFTH AVENUE, NEW YORK 18, N. Y.

NORMAN MACLEOD CARLTON G. KETCHUM Executive 1 ice President

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1919 Our 30th Year 1949



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Easy Hospital Room Delivery

Most F.T.D. members deliver FLOWER orders in vase containers filled with long-lasting, chemically treated water.

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designed to speed and save on every accounting record... the one bookkeeping machine for modern hospitals

and here's why... The alert executive today is most conscious of reducing all costs, and this new Remington Rand machine has been geared to eliminate administrative waste-holes. It produces all the accounting records needed by hospitals more efficiently and more economically than ever before. Here is how:

Faster results . . . every feature of this bookkeeping machine has been electrified. Balances are computed and printed automatically, and improved tabulation and high speed timing eliminate operator strain—increase operator worktime.

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New functional design . . . many new, special features guarantee operator-owner appeal. This streamlined beauty has new organ type, finger-grooved keys — and uniform printing impressions are assured. The writing line is completely visible, and register totals are magnified for even easier reading. Yes, in every way it's designed to speed and save in your accounting administration.

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99 44 100 % pure . . it floats

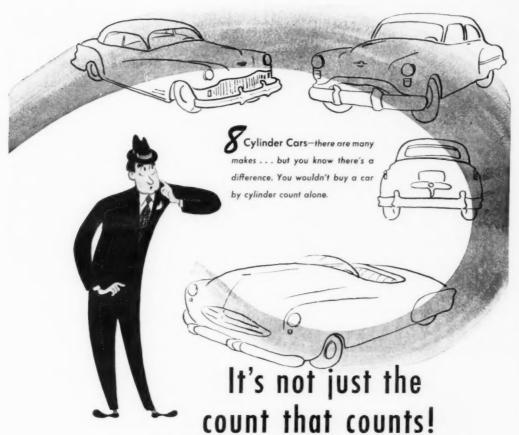
It is not surprising that Ivory has won the acceptance of hospital authorities to a degree which perhaps no other soap has ever equalled. For pure, gentle Ivory serves efficiently—and pleasantly—the cleansing needs of everyone in the modern hospital.

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MORE DOCTORS ADVISE IVORY SOAP THAN ALL OTHER BRANDS TOGETHER . . .

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140

Thread count sheets—there are many brands that count 140 . . . but there's a difference here, too. Don't buy sheets by count alone.



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Burrows Offers You.. LOWEST COST Per Package CELLULOSE KERCHIEFS

Sanitary Economical 100 kerchiefs in package (50 doubles) 5 x 81/4

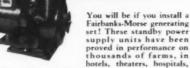
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That Last Longer

Supertex Shades are made only for institutional use Hospitals, Schools, etc. Made of a special long stable cotton duck, vat dved - not paint dipped. Supertex fabric stands use and abuse three or four times longer than ordinary shades. They cost a little more—they're worth a lot more.

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Supertex Shades are sold complete with rollers and fittings for top mounting: bottom mounting: center mounting (illustrated) to pull up and down. Meet every "shading" need.

Most good supply houses can furnish Supertex window shades, if yours does not, write direct for quotations—giving window size and number wanted.

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LAUNDRYMAN—In small hospital; board and room included; Michigan or Wisconsin; 30 years' experience; single; age 52; good health. MW 59, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

PURCHASING AGENT—Or Assistant in large hospital; 23 years old; 3 years' experience; 3 years college, business administration; good references; west preferred. MW 57, The Modern Hospital, 919 N. Michigan Avenue, Chicago, Ill.

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ADMINISTRATOR A.B. Degree, University of Michigan, Business Administration; <u>A</u> years' charge of business office, mid-western hospital; <u>3</u> years' superintendent 60 bed hospital; highly recommended.

ADMINISTRATOR Graduate, Yale University, M.S. Degree, Hospital Administration: executive officer, U. S. Army hospitals; 2 years' assistant director, New England hospital; 225 beds; available for appointment.

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ASSISTANT ADMINISTRATOR Master's Degree, Hospital Administration, Washington University: completed administrative internship, 300-bed Ohio hospital; considerable ability in field of public relations, and business management.

HOUSEKEEPER 4 years' Y.W.C.A.; residence, mid-west; 7 years' housekeeper, 175-bed Kentucky hospital.

SUPERINTENDENT R.N., M.A.C.H.A.: 10 years' director of nursing: 7 years' administrator, 120-bed general hospital; good organizer; tactful; any location considered.

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MEDICAL DIRECTOR Tuberculosis specialist qualified in thoracic surgery; since 1940, superintendent, small sanatorium.

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ANESTHETIST 60-bed general hospital: 47 miles south of Wilmington, Delaware: employs two anesthetists: salary \$250-8300; hased upon experience; full maintenance. Apply, Superintendent, Kent General Hospital, Dover, Delaware.

(Continued on page 230)

ANESTHETIST Nurse: full-time: for immediate service: 125-bed fully AMA and ACS approved hospital: near university: salary 8350 with maintenance; present staff includes I full-time NA. I purt-time NA and I part-time medical anesthetist. Address, Superintendent, Woodlawn Hospital, 6080 Drexel Avenue, Chicago 37, Illinois.

ANESTHETIST—Nurse; must be member of A.A.N.A.: 250-bed modern hospital; maintenance available: service employing four anesthetists. Apply Administrator, Evangelical Deaconess Hospital, St. Louis 10, Misseuri

ANESTHETIST—Nurse; for 300-bed hospital; four anesthetists now on service; salary open. Apply, D. W. Hartman, Superintendent, The Williamsport Hospital, Williamsport, Pennsylvania.

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ANESTHETIST—Nurse: for 80-bed hospital: good salary: full maintenance: write for further information. Address, Sister Mary Gabriel, O.S.B., Mount Mary Hospital, Hazard, Kentucky.

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ANESTHETISTS Nurse: near Chicago: 175bed general hospital: excellent living conditions; salary open. MO 62, The Modern Hospital, 319 N. Michigan Avenue, Chicago 11.

ANESTHETISTS—Nurse; two; to work with physician anesthetist and two registered nurse anesthetiats; 230-bed hospital, approved AMA, AHA; minimum salary, \$300. For additional information apply, Administrator, St. Joseph's Hospital, Lancaster, Pennsylvania,

ANESTHETIST—Qualified nurse; compensation \$300 per month with full maintenance; satisfactory credentials required. Apply, Mr. F. O. Bates, Superintendent, Roper Hospital, Charleston 16, South Carolina.

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ANESTHETISTS—Nurse; starting salary \$250 and full maintenance. Contact, Mrs. Frances S. Burwell, Personnel Director, Charlotte Memorial Hospital, Charlotte, North Carolina.

DIETITIAN—Assistant: wanted for 200-bed tuberculosis hospital; good salary pilou room, board and laundry; please send small photograph or snapshot with letter of application stating qualifications and pertinent personal details. Apply Superintendent, Indiana State Sanatorium, Rockville, Indiana.

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DIETITIAN—Assistant; must be A D. A. member; teaching and therapeutics; 5-day week; salary open; maintenance optional; position available August 1, 1949. Bushwick Hospital, Brooklyn, New York.

DIETITIAN—Assistant: must be registered: to teach dietetics in 300-bed general hospital with school of nursing. Write, Administrator, Arkansas Baptist Hospital, Little Rock, Arkansas

DIETITIAN For 112 tuberculosis hospital: average 90 patients; salary open. Apply, M. W. Newcomb, M.D., Superintendent and Medical Director, M. W. Newcomb Hospital for Chest Diseases, New Lisbon, New Jersey. DIETITIAN—Member of ADA to have full charge of dietary department of 300-bed hospital; maintenance furnished if desired; salary open; splendid opportunity. D. W. Hartman, Superintendent, The Williamsport Hospital. Williamsport, Pennsylvania.

DIETITIANS—One administrative and one theraspeutic: fully qualified head of department needed by September 15; growing institution now requires second dictitian with theraspeutic duties; 110-bed general hospital near Milwaukee. Apply, Administrator, Waukesha Memorial Hospital, Waukesha, Wisconsin.

DIETITIAN—Registered; wanted for a fully approved 150-bed hospital; good salary and pleasant surroundings. Apply Mother Marie, Maryview Hospital, Portsmouth, Virginia.

DIETITIAN—Sixty-three bed, modern hospital; college town; good salary and full maintenance; excellent opportunity. Administrator, Centre County Hospital, Bellefonte, Pennsylvania.

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(Continued on page 232)

DIRECTOR OF NURSES Applications are invited for the position of Director of Nurses for the Royal Columbian Hospital, New Westminster, British Columbia: nearly completed addition to the hospital brings total bed capacity to approximately 412: New Westminster, a thriving city with a population of about 34,000, is located just 12 miles from Vancouver; duties consist of directing nursing services and accredited school of nursing with approximately 140 students; teaching degree and administrative experience required; salary range \$4200 to \$4800 per annum; applicant must be Canadian citizen; please reply fully giving details of age, education, training and experience to the Director, Royal Columbian Hospital, New Westminster, British Columbia. Canada: not later than September 26, 1949.

DIRECTOR OF NURSING SERVICE Assistants for 350-bed general hospital: degree and experience desirable; 44-hour week; salary \$200-8275 per month, based on qualifications; full maintenance; 6 paid holidays a year; 3 weeks' paid vacation; sick leave and retirement plan. Apply, Director of Nursing, Maumee Valley Hospital, Tolded 9, 90-bit.

HOSPITAL SUPERVISOR—Chief for female admission and medical and surgical services: experience in psychiatric nursing necessary; 40-hour week; 2 weeks' vacation; 10 legal holidays; basic salary \$3000. Apply, Director of Nurses, Taunton State Hospital, Taunton, Massachusetts.

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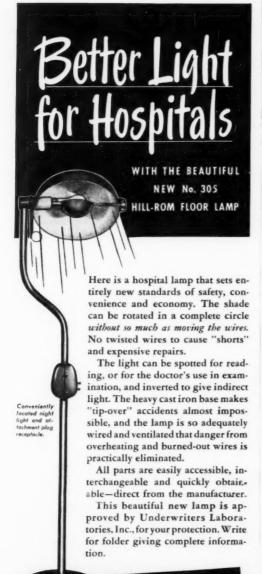
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INSTRUCTOR Nursing arts: for New England hospital with approved school of nurs ing: 200 beds; degree necessary; salary comnatible with experience and preparation. Newport Hospital, Newport, Rhode Island.

INSTRUCTOR Obstetric clinical; 5-day, 40-hour week; two weeks' paid vacation; liberal sick leave; salary open. Apply, Director of Nurses, Saint Francis Hospital, 900 Hyde Street, San Francisco 9, California,

INSTRUCTOR OF NURSES-For 140-bed accredited general hospital with training achool of 50 students; salary open: 51/2 day week: I month vacation with pay and statutory holidays; town of 10,000. Apply Superin-tendent, Aberdeen Hospital, New Glasgow,

INSTRUCTORS—Science and Nursing Arts: vacancy September 4, in 130-bed hospital; 32 vacancy September 1, in 130-bet nospital; 32 students; 40-hour week; excellent personnel policies; salary depends on preparation and experience. Apply Director of Nurses, Amster-dam Hospital, Amsterdam, New York.

LAUNDRY MANAGER Experienced; wanted for 250-bed hospital in northern Ohio; send references. MO 60, The Modern Hospital, 919 Michigan Avenue, Chicago 11

LIBRARIAN-Chief medical record: for university hospital; must be registered and ex-perienced in both clinic and private record room operations; must have supervisory abil-ity; general hospital of 400 beds and outty: general nospital or 400 bees and out-patient department with yearly census of 116,000 visits. Apply, Personnel Department, Stanford University Hospitals, Clay and Web-ster Streets, San Francisco 18, California.

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(Continued on page 234)

MISCELLANEOUS Assistant administrator MINUS — Assistant administrator of nursing service and administrative supervisors in operating room, pediatrics, obsterics; and Science instructor; for fully approved 275-bed general hospital with basic and collegiate nursing programs; degree and experience preferred; salary open. Write, Director of Nursing, Central Maine General Hospital, Lewiston, Maine.

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MISCELLANEOUS-Positions open, now; in new and remodeled 50-bed hospital; day and night supervisors, surgical nurse, general staff and graduate practical nurses; excellent personnel practices and salaries. Apply, Director of Nursing, Eben-Ezer Hospital, Brush,

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NURSES—Head; for New England hospital with approved school of nursing; advanced preparation necessary; salary compatible with experience and preparation. Newport Hospital, Newport, Rhode Island.

NURSES Operating room; for 138-bed hospital; 40-hour week; \$10 differential for surgery nurses. Apply, Director of Nursing, St. Agnes Hospital, White Plains, New York.

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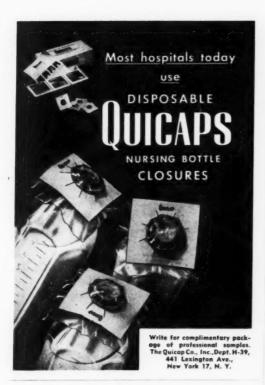
SUPERINTENDENT OF NURSES—Pontise General Hospital. Pontiac, Michigan. Opportunity to reorganize and improve nursing service as recommended by recent professional survey; applicants should be aggressive and adaptable, have wide background and considerable administrative experience in nursing, and education equivalent to college graduation with courses in nursing administration; salary \$3780-34680 with annual increments of \$180; two increases in first year; maintenance available at nominal charges; modern 190-bed plant, large intern-resident program, excellent supporting services, single director; municipal retirement system; detucation, tenure under city merit system; educational and cultural opportunities in Detroit one hour away by public transportation. Application blanks furnished on request to Personnel Director. Pontiae General Hospital, Pontiac 18, Michigan.

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(Continued on page 236)





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SUPERVISOR Operating room: for 340-bed hospital; new six room suite now under con-struction; advanced preparation and five years' experience in supervisory capacity required; annual volume 5-6000 operations: teaching of students; good salary; living in optional. Apply, Director of Nursing, West Jersey Hospital, Camden, New Jersey.

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TECHNICIAN—Medical laboratory; registra-tion preferred; for 200-bed tuberculosis hos-pital; good salary, plus room, board and laundry; send photograph; state qualifications and personal details. Apply, Superintendent, Indiana State Sanatorium, Rockville, Indiana.

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ANESTHETISTS-(a) Small general hospital; Arizona; \$375; excellent opportunity for increases. (b) Northern California; 65-bed hos pital; 2 anesthetists employed; \$335; 40-hour week. (c) Oregon hospital; surgical cases only: 125 beds; 5 anesthetists employed; starting \$300 plus. (d) Nevada hospital; salary will be excellent; unusually good housing.

SUPERVISORS (a) Charge nursing service Idaho hospital; \$270; four weeks' vacation. (b) Night charge; 65-bed southern California hospital; \$250 with maintenance. (c) Afternoon charge: small new hospital; California desert area; \$200 with maintenance. (d) Operating room; degree preferred; 200-bed California hospital near ocean; excellent salary; all 40-hour week basis.

DIETITIANS (a) Administrative dietitians; California; several positions both large and small institutions; \$280-\$415 starting. (b) Therapeutic dietitian; 250-bed hospital; Los Angeles suburb; \$200 with maintenance. (c) 50 bed private hospital: beach town near Los Angeles: \$225; all 40-hour week.

(Continued on page 238)

INTERSTATE HOSPITAL AND PERSONNEL BUREAU Miss Elsie Dey, Director 332 Bulkley Building Cleveland, Ohio

ANESTHETISTS-(a) 200-bed Ohio hospital; \$350. (b) Southwest; south; \$375

ADMINISTRATOR—(a) 120-bed hospital; Virginia. (b) 95-bed hospital; southwest Missouri. (c) New amall hospital; Colorado. (d) 125-bed hospital: northern New York. (e) 150-bed hospital: western Pennsylvania. (f) 50-bed hospital: Indiana. Ohio, Kentucky, Illinois: salaries open.

DIRECTOR OF NURSING (a) 300-bed hospital; Nebraska; 100 students: ideal situation.
(b) 150-bed hospital; southern Wisconsin. (c) 235-bed hospital; suburb, New York.

DIRECTOR, NURSING SERVICE (a) Modern 250-bed hospital; university city, west; graduate staff; salary \$4200. (b) 165-bed hos-

LABORATORY TECHNICIANS (a) \$3000. (b) X-ray: \$2500. (c) Physiotherapists; southwest: west; east; \$3000. (d) Phar-macist; suburb Philadelphis.

(a) 300-bed hospital: HOUSEKEEPERS Pennsylvania. (b) New modern hospital: re-sort city; west. (c) 100-bed hospital: central state. (d) 300-bed Ohio hospital.

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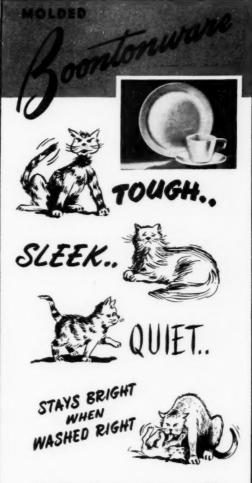
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POSITIONS OPEN

INTERSTATE—Continued

RECORD LIBRARIAN—(a) Chief: 260-bed hospital; northern Ohio: \$275. (b) 250-bed hospitals, northwest; southwest; midwest. (c) Assistant; 260-bed hospital; New York. (d) North Carolina: \$200, maintenance.

INSTRUCTORS (a) Science: Nursing Arts: Clinical. (b) Supervisors, all specialties. (c) General duty: \$175-\$225, maintenance; east, south, southwest; west coast.

THE MEDICAL BUREAU Burneice Larson, Director Palmolive Building Chicago 11, Illinois

ADMINISTRATORS (a) Medical; to supervise medical activities of medical center comed of three units; winter resort town, h. (b) Lay or medical; general hospital averaging 165 beds; substantial salary; home available; New York state. (e) Medical direc-tor; woman physician preferred; teaching unit; \$7000. (d) Voluntary hospital, one of larger and more important hospitals, eastern eity; considerable charity work; sound busi-ness background required. (e) Private hospital, small size, specializing in neuropsychia-try; Pacific coast. (f) Small hospital to be

MEDICAL BUREAU-Continued

completed within next several months; pref-erably someone available soon in order to purchase equipment; residential town few miles from capital city; south. (g) Lay; to take over non-medical aspects, tuberculosis take over non-medical aspects, tuberculosis sanatorium; middle west. (h) General hos-pital under construction; should be qualified to handle problems involved in purchasing, organizing medical staff; east. (i) Lay; new hospital, unit of university group; west. () Assistant administrator; medium-sized hospital, general; university town of 30,000. (k Assistant medical director; 400-bed hospital; east. MH9-1.

ADMINISTRATORS Nurses: (a) Community hospital, general, serving several towns; small town located short distance from university medical center; two hours' drive from Chi-cago. (b) Hospital for crippled children now under construction; preferably one available soon to serve as consultant; university town, south. MH9-2.

ANESTHETISTS (a) Privately owned hospital, general; patient average, 100; considerable surgery; all-graduate staff; five-day week; \$265-\$290 basic with \$50-\$100 overtime compensation; Pacific coast. (b) Clinic staffed by fifteen specialists: universit university small general hospital; active service, eastern Pennsylvania; \$350, maintenance. (d) Small orthopedic hospital; 5-day week; \$4000. MH9-3.

DIETITIANS-(a) Chief; general, 250-bed Hospital: residential town short distance, New York City: minimum \$3600, maintenance. (b) Dietitian: home economics department, large

MEDICAL BUREAU-Continued

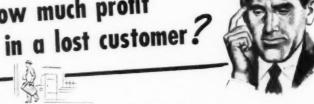
food manufacturing company; should be experienced in quantity food cooking, qualified to develop recipes for hotels, institutions; should have fairly wide interest in writing; duties involve some traveling; \$4500. (c) Chief; general hospital recently opened under American auspices in South America: knowledge of Spanish desirable: excellent offer. (d) To take charge of dormitory dining rooms To take charge of dormitory dining rooms serving 400 young women: liberal arts col-lege: middle west. (e) Cafeteria manager and, also, the rapeutic deittins; fairly large-hospital, Chicago area. (f) Nutritioniat; uni-versity appointments; duties consist of serving as consultant; middle west. MH9-4.

DIRECTORS OF NURSES (a) School and nursing service: 375-bed hospital; excellent teaching facilities and class rooms in new modern nurses' school and residence; metropolitan area: hour's ride from New York City (b) Of entire service: university hospital, 500 beds: enst. (c) Orthopedic hospital presently under construction; all-graduate staff; uni-versity town, 185,000; midwest. (d) Children's versity town, 185,000; midwest. (d) Children's hospital, unit university group; east. (e) School and nursing service; small general hospital; school rated among four leading nurses' schools in state; qualified faculty including teaching fellows from university; southeast. (f) Fairly large hospital; excellent school, well staffed: \$5000-\$6000: California.
(g) Private sanitarium specializing in nervous diseases: outstanding staff; university medical center; middle west. (g) Assistant direc-tor; teaching hospital; foreign appointment. (h) New hospital currently being constructed; large city, South America; no school; minimum \$6000, MH9-5.

(Continued on page 240)

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POSITIONS OPEN

MEDICAL BUREAU-Continued

EXECUTIVE HOUSEKEEPERS—(a) Preferably man qualified engineering; 350-bed general hospital; eastern senboard town of 50,000.
(b) Woman with several years' housekeeping experience; general hospital, 350 beds; university city. MH9-6.

FACULTY APPOINTMENTS—(a) Educational director; collegiate school of nursing recently established by one of the country's oldest liberal arts colleges; capable organizer required. (b) Nursing arts instructor; general hospital, 175 beds; town of 50,000; near university center; \$300, maintenance. (c) Science and nursing arts instructors; one of leading hospitals. Chicago area; 40-hour week; salaries \$390. (d) Clinical instructor in surgical nursing with ability to teach drugs and solutions and pharmacology; midwestern metropolis. MH9-7.

PHARMACISTS—(a) Chief: large teaching hospital; \$4890. (b) One of leading hospitals in Chicago area: competent organizer required; \$4200. MH9-8.

RECORD LIBRARIANS—(a) Chief; 250-bed hospital affiliated with eastern college. (b) Chief and, also, assistant; one of Canada's leading hospitals. (e) Assistant; hospitals and clinics connected with university medical school; west. (d) Chief; large teaching hospital; east. MH9-9.

MEDICAL BUREAU-Continued

SUPERVISORS—(a) Operating room; small, general hospital located in Rio Grande Valley, short distance from Mexican border; semi-tropical climate; \$285, complete maintenance. (b) Obstetical; teaching hospital, university center; opportunity for continuing studies; middle west; \$275-\$280, increasing. (c) Outpatient; qualified to organize and develop generalized program, expanding department; fairly large hospital; university center; middle west. (d) Pediatric; general hospital of 500 beds; university city, having two universities, several colleges; \$255-\$200, (e) Psychiatric; small private hospital specializing in nervous diseases; university center; southwest. (f) Floor; new hospital, southern California. MH9-10.

SPEECH THERAPISTS (a) Program for cerebral palsy children; pre-school age; midwest. (b) Public schools, new program; midwest. MH9-11.

MEDICAL PERSONNEL EXCHANGE Nellic A. Gealt, R.N., Director 4707 Springfield Avenue Philadelphia 43, Pennsylvania

ANESTHETIST Philadelphia area; 100-bed; to \$350, maintenance.

DIRECTOR OF NURSING 120-bed; Massachusetts; starting \$3500, maintenance.

(Continued on page 242)

MEDICAL PERSONNEL-Continued

DIETITIANS—(a) Supervisor; food production department; large eastern university. (b) Chief; 500-bed southern hospital; 8300, maintenance. (c) Head; 75-bed; Florida; 8225, maintenance.

EDUCATIONAL DIRECTOR 270-bed hospital; starting \$3000, maintenance; 5-day week.

HOUSEKEEPER Assistant; 250-bed hospital; New York area; starting \$150, maintenance.

SUPERVISORS—(a) Operating room; 123-bed; New York; \$3000, maintenance; must be qualified to teach. (b) Obstetrical; 250-bed general hospital; excellent working and living conditions.

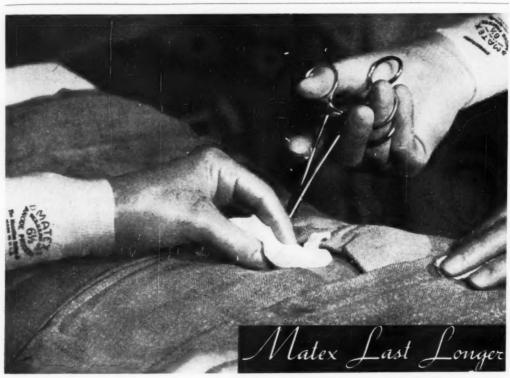
PHARMACIST -250-bed; middlewest; pharmacy new and well equipped.

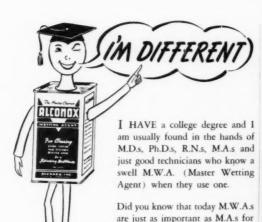
TECHNICIANS—(a) Laboratory; small general hospital; \$250, maintenance. (b) X-ray; (1) 15-bed; Florida; \$150, maintenance. (2) 50-bed; Facific coast; \$250, maintenance.

SUPERINTENDENT Female, under 50; children's home; \$3000, maintenance.

OCCUPATIONAL THERAPISTS Private school; beautifully located; recent graduate or mature person acceptable.

RECORD LIBRARIAN Head, 250-bed general hospital; affiliated with a university department well staffed.





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PHYSICIANS (a) Anesthetist; certified or eligible to head anesthesia department; 240-bed hospital. (b) Woman; university health service; \$6000, (c) Resident; 150-bed general hospital; \$5000, full maintenance, (d) Resident; New York area; modern well equipped and well staffed general hospital; excellent opportunity for a young man. (c) National pharmaceutical concern; starting \$6000 to \$8000.

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ANESTHETISTS—(a) General hospital; Denver; \$3.50. (b) Industrial hospital; Arizona: maintenance and \$3.75. (c) General hospital; Wyoming; meals, laundry and \$3.50; other hospitals wanting anesthetists in states of Arkansas and Nebraska.

PHELPS—Continued

LABORATORY X-RAY TECHNICIANS (a) Registered laboratory technician; male or female; California hospital; start \$255. (b) Laboratory x-ray; Washington hospital; \$240. (c) Laboratory x-ray; for Arkansas hospital; \$250 and meals.

NURSES (a) Surgical nurse; industrial company; Arizona; \$286. (b) Surgical nurses; 2 Denver hospitals; \$290. (c) Surgical nurses; 2 come anesthetics; Nevada hospital; maintenance and \$399.

PHYSICIANS Psychiatrist; Montana: \$625 with two bedroom furnished house and \$70 commissary drawing account.

DIETITIANS (a) Denver hospital; meals and \$225. (b) Assistant dictitian; Washington hospital, \$250. (c) Dictitian; Oregon hospital; salary open; other dictitians needed following states; Nebraska, Arkansas, Florida and California.

SUPERVISOR Registered nurse; general hospital; Nebraska: no training school; good salary with maintenance.

PHARMACISTS Registered: female: for

Nebraska hospitals.

HEAD NURSE Must be registered for 30-bed hospital; Colorado; year round resort; maintenance and \$250. OFFICE NURSE Arizona; some light lab-

oratory and if give some anesthetics helpful: maintenance and \$300. (Continued on page 244)

PHELPS—Continued

RADIOLOGIST North Dakota; approximate salary, \$20,000 annually.

SHAY MEDICAL AGENCY Blanche L. Shay, Director 55 East Washington Street Chicago 2, Illinois

ADMINISTRATOR—East: excellent opportunity for a qualified person as hospital is being completely reorganized and new administrator would be able to institute his own administrative policies from the start; salary is open for discussion but will be good.

ADMINISTRATOR—California; must be well trained in hospital administration; excellent opportunity to build a very fine future; salary to start, \$500.

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DIETITIAN Middle west; 198-bed hospital, fully approved; city of 50,000; excellent personnel policies; \$250-\$300 plus full maintenance.

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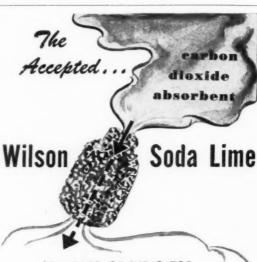


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SHAY-Continued

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WOODWARD-Continued

enced business manager with good credit collection and hospital accounting records experience; 100-bed New York hospital. (e) 80-bed Pennsylvania bospital, serving community of approximately 15,000, (f) 110-bed hospital; Philadelphia area; salary open, (g) 50-bed Washington state hospital.

ANESTHETIST Modern clinic with staff of five surgeons; all specialists; unusually attrac-tive working conditions; university town, mid-west; to \$5400 yearly. (N466)

DIETITIAN Unusually attractive appoint ment with 150-bed hospital; building program in progress increasing to 250 beds; Great Lakes region: \$3600, maintenance, (N549)

DIRECTOR OF NURSES Salary to \$6000 per annum: 200-bed ultra-modern hospital with training school; west coast; degree and ex-perience required. (N506)

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(Continued on page 246)

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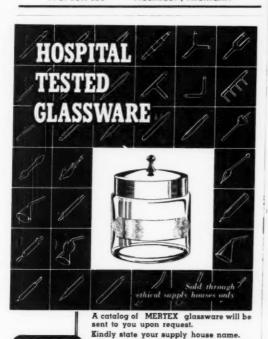
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(Continued on page 248)

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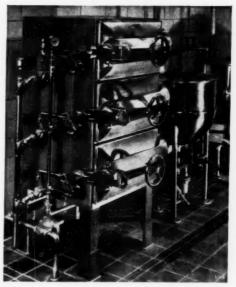
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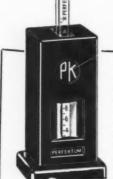
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What's New for Hospitals

SEPTEMBER 1949

Edited by BESSIE COVERT

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The infant bed is removable and adjusts to Trendelenburg positions. It is designed to accommodate premature and post-operative infants. The steel cabinet is finished in sage green and equipped with large safety-glass windows. The incubator is complete with mobile base carriage having 3 inch casters and brakes for convenience and safety. Corner guards lock the unit in place. Continental Hospital Service, Inc., Dept. MH, 18636 Detroit Ave., Cleveland 7, Ohio. (Key No. 845)

Ambulatory Oscillator

Any hospital bed can be converted into an oscillating bed when the Mininberg Ambulatory Oscillator is attached. A small separate unit, easily mobile, the oscillator can be moved to any bed on any floor desired. Consisting of a streamlined cabinet which is placed at the foot of the bed and two runners on which the bed is rested, the oscillator can be at-

tached to the bed without disturbing the patient and without any special skill being required to set it up. Its operation is noiseless and being separate from the bed, vibration is avoided.

Designed to provide oscillating or tilting movements to duplicate the continuous flow of circulation in cases of enforced immobilization, the arc of head movement created by the oscillator is controlled by a special device in accordance with the patient's needs and the movement of the bed is smooth and continuous, one cycle being completed every two minutes. The motion is gentle and the angle of tilt is moderate, thus reducing the possibility of the patient sliding in bed. The continuous cycle provided describes a lifting and lowering stroke of 17 inches without jerk, stoppage or hesitation. Frank A. Hall & Sons, Dept. MH, 200 Madison Ave., New York 16. (Key No. 846)

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without use of a foostool in the new Vari-Hite Bed when it is at normal fabric height of 18 inches. For nursing care or examination the bed is quickly raised to standard hospital fabric height of 27 inches by means of an easily operated crank. The illustration shows the nurse lowering the head end, the foot end having been already lowered.

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Air Purifier

The new Vapomatic vaporizer is a device developed for use with glycol to disinfect the air. The vaporizer generates an invisible cloud of glycol, which is tasteless, odorless and non-toxic, into the air at a uniform, controlled rate at low cost. The unit operates from any standard light receptacle with heat generated through the use of an infra-red incandescent lamp.

The Vapomatic is attractive and inconspicuous in appearance and is designed to fit into a corner of the private room, ward, reception room, office or other location for air disinfection. The germicidal effects of propylene and thiethylene glycol appear to be established and the Vapomatic was developed to permit the use of this product in combating airborne infections. M. F. Robertson Sons, Inc., Dept. MH, Lansdowne, Pa. (Key Nc. 856)

Vision Strip Glass Block Window

A glass block window with a sliding vision strip sash has now been developed for installation in conventional window openings. It is adaptable to any opening, large or small, and is strong and rigid enough to provide its own lintel. Frames are shipped completely assembled, ready for glazing and installation of the glass block.

The new window should have application for both hospital and nurses' home windows, providing vision and ventilation with single pane or double glazing. The sliding sash makes it possible to wash the outside of the window in the same manner as any conventional double-hung window. The new windows may be used singly or in multiples and when installed in groups the jambs act as mullions, eliminating the need for



additional intermediate structural members. American Structural Products Co., Dept. MH, Toledo 1, Ohio. (Key No. 857)

The MODERN HOSPITAL

"Unitized" Test Benches

Prefabricated steel units have recently been developed to provide laboratory test benches in any length and in a variety of designs for use at test stations in hospitals and clinics. The all-steel units are available in 18 different styles including drawers, cupboards, sinks, tables, storage cases and the like. All units in the line are designed to be joined easily to one another to form test benches either 30 or 36 inches high. Units vary in length from 2 to 5 feet and a newly developed plastic-impregnated stone, "Kemrock," is used for bench working surfaces. This stone is tough, smooth, black and highly resistant to ovens and chemically corrosive materials.

The "unitized" test benches provide heavy steel furniture designed especially for urine, blood, pneumothorax, metabolic, microscopic and other tests within the hospital or clinic. Fisher Scientific Co., Dept. MH, 714 Forbes St., Pittsburgh 19, Pa. (Key No. 858)

Sealit

Sealit is the new name adopted for a liquid cleaner for marble and terrazzo. It is especially formulated to clean and maintain non-resilient surfaces safely, efficiently and economically and is designed for use on marble, terrazzo, travertine, slate, quarry tile, ceramic tile, flagstone, cement and similar materials. The product cleans the floors and seals at the same time, thus simplifying maintenance. Franklin Research Co., Dept. MH, 5134 Lancaster Ave., Philadelphia 31, Pa. (Key No. 859)

Baby's Haven Incubator

Designed for complete incubation, immediate after-birth care and rooming-in,



the Baby's Haven Incubator, Model NB2, is available in all steel and in wood construction. The top and front sections are of safety sheet glass. A baf-

fled air flow arrangement permits the use of inhalants or glycol air purifiers and an oxygen inlet provides for oxygen

therapy when needed.

The control panel on the back of the unit has a direct reading dial, neon pilot light and mercury switch. The incubator is upholstered with washable vinyl plastic which will not stain and the sleeping mat is of porous, woven Lumite. An auxiliary tray at the end of the unit is provided for sanitary supplies and linen storage. When used for rooming-in technic, safety straps attached to the incubator hold the unit at the mother's bed. It is designed and built by Baby's Haven Co., 113 S. 10th St., Minneapolis 2, Minn., and is distributed by Physicians and Hospitals Supply Co., Dept. MH, 414 S. Sixth St., Minneapolis 15, Minn. (Key No. 860)

Emerson Lung Immobilizer

The new model of the Emerson Lung Immobilizer is designed for quieter



and more efficient operation. A piston pump, housed in a separate unit on its own casters, provides the alternating positive and negative pressures employed for the treatment chamber. The simple construction and more even distribution of weight in the new model facilitate moving the apparatus as needed.

Dual controls on the new model, inside as well as outside the machine, make it possible for many patients to take their own daily treatments without assistance, once the physician has determined the breathing rate and differential pressure. J. H. Emerson Co., Dept. MH, 22 Cottage Park Ave., Cambridge 40, Mass. (Key No. 861)

Wall Covering

The Varlar stainproof wall covering line has recently been improved to include 24 new additions—15 entirely new styles and 9 plain tints, plain tints not having been available up to this time. The line now includes 117 styles. Varlar, Inc., Div. of United Wallpaper, Inc., Dept. MH, Merchandise Mart, Chicago 54. (Key No. 862)

Photocopy Camera



An improved high-speed photocopy camera which is completely mobile to permit operation at points of need has recently been announced. Known as the Record Dexigraph, the camera is designed for copying all kinds of records with greater copying versatility and greater case of operation. The machine can be rolled on casters from one department to another, as needed, thus saving transportation of valuable or confidential records, and it is operated through plugging into any standard 110 volt electrical outlet. No special wiring or plumbing is required.

The developing of Dexigraph prints is a separate procedure, thus making possible higher output by continuous operation of the camera. Any record up to 934 by 14 inches can be copied at same size or at any of five reductions down to 50 per cent of original size. Larger records can be copied at various smaller sizes for easier handling and filing. Positive adjustments and an automatic timer make the Record Dexigraph easy to operate. The machine is of sturdy steel construction finished in Gray-Rite and storage space is provided. Photo Records Division, Remington Rand Inc., Dept. MH, 315 Fourth Ave., New York 10. (Key No. 863)

Kromet for Dishwashing

A new product, designed to combine excellent dishwashing action with bactericidal properties, obtained by the gradual release of active chlorine from a special organic ingredient, has recently been announced. Known as Kromet, the new product is mild, pleasant in odor, free rinsing and economical. It is designed to help in keeping bacteria count low on dishes washed either by the simple wash and rinse treatment or when in addition they are rinsed in a germicidal solution. Wyandotte Chemicals Corp., Dept. MH, Wyandotte, Mich. (Key No. 864)

Audio-Visual Call System



Patient-to-nurse voice intercommunication integrated with dome light signaling is offered in a new comprehensive audio-visual Nurse Call System re-cently developed. The system is simple to operate. The patient initiates a call by pressing a pendant call button at his bedside which illuminates the dome light over his hall door and an annunciator signal light at the nurses' control station. A buzzer or chime also sounds at the nurse's station. If desired, the system can be wired to sound a buzzer or illuminate a light in the utility room or diet kitchen also. The nurse replies to the patient through her control station, thus reducing foot travel. She can also listen in on critically ill patients at her control station. The patient can carry on a conversation with the nurse without further action.

The nurse can originate a call to a patient at any time and may operate her station by use of a foot treadle, if desired. Confidential operation is also provided through earphones. Any number of calls from different patients can be held at the nurse's control station as the annunciator signal lights remain illuminated until answered. The system can also be used for "all-station" announcements if necessary. It is approved by Underwriters' Laboratories, according to the manufacturer, and each system is individually planned to meet the specific needs of the hospital. Executone, Inc., Dept. MH, 415 Lexington Ave., New York 17. (Key No. 865)

Barnstead Water Bath

A bottle feed which makes it portable so that it can be used anywhere without water or waste connections is the outstanding feature of the newly designed Barnstead Water Bath. It operates 10 hours on low heat or 5 hours on high heat at one filling. The bath has rod clamps which are permanently mounted on the side; an inside shelf beneath the 6 outer holes to support immersed flasks, and a test tube holder that accommodates 14 tubes for the center opening. It

is durably constructed with Monel metal exterior and tinned copper interior. Barnstead Still & Sterilizer Co., Dept. MH, Forest Hills, Boston 31, Mass. (Key No. 866)

Radiant Heater

The new Chromalux Radiant Heater provides a low temperature infra-red heat source for drying, dehydrating and comfort heating. It has been suggested for use in serving kitchens, floor kitchens, cafeterias and other places where food is portioned, to keep it warm until it is served. Installed above the serving counter or tray service, the heaters keep food warm without dehydrating it and plates remain at comfortable handling temperature. Edwin L. Wiegand Co., Dept. MH, 7500 Thomas Blvd., Pittsburgh 8, Pa. (Key No. 867)

Low-Cost Laboratory Microscope

A new standard laboratory microscope has been developed which features pro-



fessional quality of lenses and mechanism at low cost. The new instrument, known as Model F, has a parfocal triple nose-piece and carries standard eyepieces and objectives of high resolving power. The stand is substantial and can be tilted for convenience of observation. Testa Mfg. Co., Dept. MH, 418 S. Pecan St., Los Angeles 33, Calif. (Key No. 868)

Dated Tumblers

Libbey Heat-Treated tumblers will now be inscribed with the date of manufacture. This innovation is designed to help the user in checking the service of his glassware. The date will appear on the bottom of the glass beside the white etched star with the initials H-T. The single figure on the left of the star indicates the last digit of the year of manufacture, the figure on the right, the quarter. Libbey Glass Co., Dept. MH, Toledo 1, Ohio. (Key No. 869)

Desk Top Linoleum

Two new patterns of desk top linoleum for office use have been developed to meet the need for surfacing material that has a high light reflectance. The new patterns provide less contrast as a background for paper work, thus reducing eyestrain. The two new patterns are in a Jaspe design; No. 415 Blond Tan, a light tan suited to blond finishes in wood desks, and No. 416 Mist Green, a gray-green designed for use with gray finishes. Both patterns will be shipped with a factory applied lacquer finish. Armstrong Cork Co., Dept. MH, Lancaster, Pa. (Key No. 870)

Freeze Dryer

The new Stokes Model 2004-L self-contained freeze dryer with 12 square feet of shelf area is an efficient, compact, flexible unit designed for research and development technicians in hospitals and universities. Any type of product, in bulk or in containers, can be handled easily and with a minimum of attention. The device is so designed as to simplify installation, operation and servicing. F. J. Stokes Machine Co., Dept. MH, 5900 Tabor Rd., Philadelphia 20, Pa. (Key No. 871)

Steak Tenderizer

A new line of machines has been announced for tenderizing meat, whether large or small pieces, to various degrees as desired. It is furnished in Deep Cut, Medium Cut or Light Cut. It is adjustable for thick or thin meats and is especially effective in knitting small pieces of meat into patty or individual portions. The stripper arrangement can be instantly moved, making the machine a tendering machine only, if desired.

Known as the SirSteak, the machine is readily opened without the use of tools for inspection and cleaning and all parts are immediately accessible. The SirSteak is ruggedly constructed for long wear and the straight gravity feed makes



the machine fast and easy to operate. SirSteak Machinery Inc., Dept. MH, P.O. Box 201, Concord, Mass. (Key No. 872)

The MODERN HOSPITAL

Warburg Apparatus

The Precision Warburg Apparatus has been developed for laboratory use in various measuring and reaction tests. Operation is simplified by the simultaneous adjustment of shaking amplitude and adjustable shaking rate. The entire manometer bank can be rotated through 360 degrees in either direction for as many revolutions as desired. The apparatus holds 20 Warburg manometers which can be read in motion or stopped in pairs by an operator from a fixed position. The unit has many advanced features, is of stainless steel and is 27 inches in diameter and 41 inches in height.

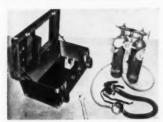
A smaller 10 unit Warburg Apparatus for laboratories not requiring larger apparatus is also available. The 10 unit equipment can be had in a refrigerated model with a temperature range from 10 to 60 degrees C. Precision Scientific Co., Dept. MH, 3737 W. Cortland St., Chicago 47. (Key No. 873)

Antiseptic Sudsing Agent

A new preoperative scrubbing agent, known as pHisoderm-Hexachlorophene 3 per cent, has been announced as an improvement over the original pHisoderm and as more efficient as a cleanser, more rapid in action and more germicidal than soap. An antiseptic, soapless, sudsing agent, the new product is designed to curb cross-infection and shorten scrubup time to the minimum. It is effective in cleansing and disinfecting the skin, scalp and certain mucous membranes prior to surgery and before examination or local treatment in certain fields. Winthrop-Stearns Inc., Dept. MH, 170 Varick St., New York 13. (Key No. 874)

Oxygen Inhalator

The new Scott Demand Inhalator has been developed to simplify and economize the administration of oxygen by mask. It is completely portable when attached to C, D or E cylinders and can also be used with larger oxygen cylinders for bedside administration.



The inhalator is completely automatic in operation, requiring no adjustments to administer oxygen or oxygen mixtures. Utilizing the Scott Demand-Flow principle, the oxygen flows only on the inhalation cycle, thus permitting the patient to breathe normally with minimum effort, eliminating excess pressure and economizing on oxygen use. The mask covers only the patient's mouth and nose and can be held to or strapped on the head. Ambient air is drawn into the mask through a "safety valve" if the oxygen supply becomes exhausted. Scott Aviation Corporation, Dept. MH, Lancaster, N. Y. (Kev No. 875)

Insecticide Sprayer

The new West Mistorizer is an insecticide sprayer designed to provide efficient insect control. The new model automatically sprays insecticides faster and farther than previous models. It requires no filters, oiling or greasing, is leakproof, has hermetically scaled ball bearings and operates on AC or DC. The unit runs wet or dry and permits instant, continuous full pressure spraying. The low center of gravity makes the new



sprayer easier to handle and minimizes the possibility of tipping. West Disinfecting Co., Dept. MH, 42-16 West St., Long Island City 1, N.Y. (Key No. 876)

Vinyl Carpeting

A new vinyl plastic flooring with a textured surface effect, in solid colors and in patterns, is being introduced under the name Vinatred. Made of fabric-backed vinyl plastic, Vinatred is the result of years of experimenting and floor testing. It is designed for use wherever constant traffic is a factor and is clean, comfortable, safe, quiet and economical. It is non-allergenic and has proved highly resistant to severe abrasive wear. The manufacturer states that it does not chip, flake or crack and will not buckle or curl.

Vinatred is available in three qualities, heavy, medium and light, and comes in rolls 36 inches wide. It is laid on a sponge rubber base, is available in 7 colors and can be custom ordered in any desired color. Southbridge Plastics Inc., Dept. MH, 370 Fourth Ave., New York 16. (Key No. 877)

Electrically-Operated Bed



The new Campbell electrically-operated bed has a small, light, finger-tip controlled switch box which can be placed within convenient reach of the patient. The head and foot ends of the bed can be easily and safely adjusted by the patient by simply flicking the proper switch. Operating on ordinary electric current, the 2 way switches operate head and foot units simultaneously or independently with the same action as the conventional bed crank. Automatic cut-off control eliminates the possibility of overtravel and the two 110 volt motors are so designed that instantaneous reversible action is obtainable.

The unit is adaptable to standard bed ends 36 to 39 inches in width and the bed is available with or without its own footboards. Campbell & Co., Dept. MH, 918 Race St., Cincinnati 2, Ohio. (Key No. 878)

Plastic Mattress Cover

An extra heavy plastic mattress cover has been announced as offering full mattress protection without the use of rubber sheeting. The electronically welded seams as well as zipper are designed to make the cover waterproof. Unaffected by soap, water or alcohol, the cover is cool, comfortable, wrinkle-free, chemically inert, odorless, odorproof, tough and completely reversible. Pillow covers, bassinet covers, draw sheets and utility aprons are also available of the same material, made with the same care to provide full protection. Weld Edge Plastics, Inc., Dept. MH, 8-10 Alyea St., Newark 5, N. J. (Key No. 879)

Green Stopperless Bottle

The Stopperless hot water bottle and ice cap, known in hospitals in the familiar red, is now being made available in green. The addition of the green Stopperless bottle was made with the thought that hospitals might wish to differentiate in using the bottles for private rooms or in assigning different colors to various floors. The Seamless Rubber Co., Dept. MH, New Haven 3, Conn. (Key No. 880)

A disposable nipple cover has recently been announced which completely covers the nipple and the neck of the infant's nursing bottle to protect the nipple between preparation and feeding. Known as the NipGard, the cover is instantly applied and is designed to be used once and discarded. It is held firmly in place by specially designed tabs which engage the bottom of the nipple when the cover is pressed firmly over it. Space for writing in identification data is provided on each NipGard which is designed to meet the requirements of modern health codes, including those recommending terminal sterilization. Use of the Nip-Gard eliminates washing and identification strips and simplifies bottle preparation. The Quicap Company, Inc., Dept. MH, 441 Lexington Ave., New York 17. (Key No. 881)

Cross Matching Board

The Dade County Cross Matching Board is designed as a simple, moderately priced device to assure rapid and accurate cross matching for blood transfusions and to simplify the preservation of the cross match until after the transfusion is finished. Culture tubes with distinctively colored ceramic markings are provided for identification. All necessary tubes, micro slides with colored ends and marking pencils are available for use with the board. American Hospital Supply Corp., Dept. MH, Evanston, Ill. (Key No. 882)

All-Purpose Washer

The Southern Cross all-purpose washer was designed, after years of research, to provide a low priced, speedy and efficient washer that could be mounted anywhere and that would wash any piece of kitchen equipment or utensil. Powered by a sealed 1/4 h.p. ball-bearing motor, the power mechanism, switches and automatic safety devices are enclosed in a stainless steel carrying case. Washing is performed by a series of brushes specially designed for each washing job. The brushes may be rapidly changed and range from special bronze wire Fullergrips for burned or tarnished pots and pans to tough fiber for normal pot washing and nylon bristle brushes for glassware, chinaware and plastic.

The washer is portable, may be wall or ceiling mounted, is instantly detachable and may be placed on any table top. All exposed parts are of stainless steel and all moving parts are permanently sealed. An attachment washes glasses, cups, bowls and tea or coffee pots in a minimum of time. Southern Cross Mfg. Corp., Dept. MH, 915 Eye St., N.W., Washington I, D.C. (Key No. 883)

Pharmaceuticals

Vitamin B₁₀ Concentrate

Rubramin, Squibb Vitamin B₁₂ Concentrate, is now derived by Squibb from the same processes which yield streptomycin. The product is indicated in the treatment of pernicious anemia and certain other anemias which resemble the pernicious type; also it has been used with success in tropical and non-tropical sprue. The product is supplied in 1 cc. ampules, each ampule containing 15 micrograms of vitamin B12, in boxes of 5. It is an essentially painless, proteinfree, aqueous solution, now available at approximately the same cost as Liver Extract. E. R. Squibb & Sons, Dept. MH, 745 Fifth Ave., New York 22. (Key No. 884)

Dihydrostreptomycin Sulfate

Dihydrostreptomycin is designed for intramuscular administration as an adjunct to the treatment of certain types of tuberculosis. It is contraindicated in infections caused by organisms resistant to its action and in patients who display unfavorable reactions. It is supplied as a soluble powder in sterile rubber-stoppered vials, each containing the equivalent of 1 Gm. of pure streptomycin base. Abbott Laboratories, Dept. MH, North Chicago, Ill. (Key No. 885)

Penicillin Powder Inhaler

The Schenley inhaler unit is a new type penicillin powder inhaler designed to permit the patient to control the flow of powder by the force and depth of inhalation. Consisting of a urea-formaldehyde inhaler nozzle and three penicillín cartridges packed in a widemouth vial with metal screw cap, the unit is designed to combine efficiency and simplicity in penicillin inhalation therapy. It may be used for either oral or nasal inhalation and each cartridge represents a single treatment. Each cartridge contains 100,000 units crystalline penicillin G potassium. Schenley Laboratories, Inc., Dept. MH, 350 Fifth Ave., New York I. (Key No. 886)

Carmethose, Antacid Demulcent

Small, easily swallowed, tasteless tablets designed to reduce hyperacidity and promote the healing of peptic ulcers have recently been announced under the name Carmethose. A synergistic combination of sodium carboxymethylcellulose and magnesium oxide, this new antacid demulcent is supplied in bottles of 100 tablets. Ciba Pharmaceutical Products, Inc., Dept. MH, Summit, N. J. (Key No. 887)

Solulexin

A sterile, desiccated powder containing crystalline B vitamins plus 5 mg. of folic acid and the equivalent of 1 cc. of standardized liver extract supplying 10 U.S.P. units (injectable), Solulexin is designed for use in the treatment of nutritional anemias in which stimulation of red blood cell regeneration specifically is desired. The product, for intramuscular injection only, is supplied in 10 cc. vials, each accompanied by one 5 cc. ampule injectable sterile water. The Upjohn Company, Dept. MH, Kalamazoo 99, Mich. (Key No. 888)

Cutter Protein Hydrolysate

C.P.H. (Cutter Protein Hydrolysate) is a sterile solution of amino acids for intravenous administration when patients cannot or should not take any or sufficient food by mouth or cannot assimilate protein. It is available in 1000 cc. bottles. Cutter Laboratories, Dept. MH, Berkeley 10, Calif. (Key No. 889)

Paracin

Paracin is a new preparation, available in both ointment and liquid forms, for the rapid treatment of scabies and pediculosis. The preparation, containing penzyl benzoate, DDT and ethyl aminobenzoate, is nonirritating to the average skin, is mildly anesthetic to allay pruritus and is usually effective in one application left on for 24 to 48 hours. In pediculosis capitis 10 days' treatment is advised to avoid reinfection. Both the liquid, available in pint bottles, and the ointment, supplied in 2 ounce tubes, are white, unscented, non-greasy, non-staining and water-dispersible. Eaton Laboratories, Inc., Dept. MH, Norwich, N. Y. (Key No. 890)

Resmicon

Resmicon is described as a new scientific principle in peptic ulcer therapy. It is an acid adsorbent demulcent for the relief of pain in peptic ulcer and hyperacidity. Combining an ion-exchange polyamine resin and gastric mucin, the new product offers mucin for the protection of gastric mucosa and resin for offsetting the hydrogen ion concentration of gastric juice as well as its peptic activity. Resmicon is non-irritating to the gastrointestinal mucosa and is said not to cause acid rebound, or to produce eructation, flatulence, diarrhea or constipation. It is supplied in tablet form, 84 tablets to the bottle. Whittier Laboratories, Division Nutrition Research Laboratories, Dept. MH, 4210 Peterson Ave., Chicago 30. (Key No. 891)

Product Literature

- A new loose-leaf binder containing data on "Hotpoint Commercial Electric Cooking and Baking Equipment" has recently been issued by Hotpoint, Inc., 5600 W. Taylor St., Chicago 44. Full catalog information with specifications and illustrations, as well as floor plans for arranging the equipment, is given in the series of enclosures. The material has been brought up to date and is divided into sections, indicated by thumb tabs, covering each type of electric cooking. (Key No. 892)
- A leaflet entitled "Do We Make Exactly What You Need Now?" has been prepared by Corning Glass Works, Laboratory & Pharmaceutical Sales Department, Corning, N. Y. Designed to be sent to laboratory and pharmaceutical directors, it further states, "Corning has the experience and facilities to meet your precise needs dependably" and carries a blank page for the hospital's apparatus needs to be described or sketched. (Key No. 893)
- A new information kit, containing charts and tables on the "Autocall Paging Systems," has recently been issued by The Autocall Company, Shelby, Ohio. The new kit is designed for administrators, engineers, architects and others in the hospital, concerned with an efficient paging system. Information includes data on the economy of an efficient communication system, comparisons of cost, maintenance and other details of paging systems, catalog data on various models of Autocall central sending stations and other material. All leaflets are contained in inside pockets of an attractive folder. (Key No. 894)
- The National Dairy Council, 111 N. Canal St., Chicago 6, has released two attractive booklets enclosed in a single fiat envelope for filing. One booklet is devoted to "Health Education Materials," folders, booklets, posters, charts and motion pictures and slide films available through the National Dairy Council. The second booklet, printed with full color illustrations bordering the pages and as charts, maps and graphs, tells the story of "Ice Cream, a Product of Town and Country." This 28 page booklet is most attractively laid out and printed and reads like a story book, the facts being presented and printed with imagination and interest. (Key No. 895)
- "Solving Roof Problems" is the title of an attractive 32 page brochure recently released by The Tremco Mtg. Co., 8701 Kinsman Rd., Cleveland 4, Ohio. The brochure is designed to assist those responsible for building maintenance and discusses the causes of, as well as remedies for, roof problems. (Key No. 896)

- A 16 page catalog, illustrated in full color, presents the new, custom line of Superior-Cadillac Ambulances. Recently published by the Superior Coach Corp., Lima, Ohio, the catalog gives complete chassis and body specifications and in addition to general data, devotes space to the special safety, convenience and comfort features of the new Superior ambulance body including dispensary cabinet, lavatory, compartments, attendants' seats and accessories. (Key No. 897)
- "Royalchrome Distinctive Furniture" is the title of a catalog issued by Royal Metal Mfg. Co., 175 N. Michigan Ave., Chicago 1. Information on the construction and manufacturing details of Royal metal furniture is an interesting feature of the catalog which illustrates and describes the full line of metal furniture manufactured by the company. (Key No, 898)
- Catalog D-104 on Phase Contrast Microscopy, issued by Bausch & Lomb Optical Co., Rochester 2, N.Y., presents comprehensive data on the subject. Fully illustrated, the catalog discusses the theory of phase contrast microscopy, its practical applications, the principle of phase contrast, and gives detailed information on phase contrast accessories. (Key No. 899)
- · A series of leaflets giving detailed information on the various clay products manufactured by National Fireproofing Corp., 202 E. Ohio St., Pittsburgh 12, Pa., has recently been published. Containing information of interest to administrators, engineers, architects and builders, the leaflets give full information on Natco Salt Glazed Dri-Speedwall Tile, Natco Buff Unglazed Dri-Speedwall Tile, Natco Glazed Structural Facing Tile (Vitritile) and a special sheet, punched for loose-leaf binding, gives data on "1950 Color Standards Natco Glazed Structural Facing Tile." (Key No. 900)
- Details of the construction and uses of Saniglastic, the plastic covered latex foam custom-built mattresses and pads used in the hospital, and information on plastic pillow cases, latex foam rubber and bulk plastic yardage are given in a folder recently issued by Saniglastic, South Milwaukee, Wis, (Key No. 901)
- Hospitals using rubber mats in various locations throughout the institution will be interested in a new poster prepared by the American Floor Products Co., 1526 "M" St., N.W., Washington 5, D. C., entitled "The Do's and Dont's of Rubber Mat Care." The poster is designed to instruct users and those in charge of maintenance in the proper handling of rubber mats to secure the maximum length of life. (Key No. 902)

- "Kidney Function in Health—Kidney Function in Disease" is the title of a booklet written to supplement the 16 mm, sound films in color covering these two subects. The films and the booklet are intended as teaching aids in presenting the physiology of the kidneys in health and as affected by disease. The booklet is fully illustrated with color plates from the films and contains the narration, edited to be read instead of heard, and a bibliography on the subject. The material was prepared by the Lilly Laboratory for Clinical Research, Eli Lilly & Co., Indianapolis 6, Ind. (Key No. 903)
- Products which have successfully solved various problems of sound control are described in a brochure entitled "Sound Control" and published by Johns-Manville, 22 E. 40th St., New York 16. Typical installations are illustrated by photographs and construction details and application methods are shown in drawings. Noise quieting, acoustical correction and vibration isolation are covered in the brochure. (Key No. 904)
- A Catalog of Pratt & Lambert Paint and Varnish has recently been received from Pratt & Lambert, Inc., 75 Tonawanda St., Buffalo 7, N.Y. Full descriptive information on all paint and varnish products made by this company is given and the catalog is fully indexed. (Key No. 905)
- Corrosion-resisting Duriron and Durichlor are desribed in Bulletin 113 recently issued by The Duriron Company, Inc., 17 E. 42nd St., New York 17. Data collected on these products during the past several years are given in the bulletin which lists alphabetically various corrosive materials and the reaction of these products to them. (Key No. 906)
- "Macmillan Books in Medicine, Nursing, Public Health and Allied Fields, 1949-50" is the title of a 126 page catalog recently issued by The Macmillan Company, 60 Fifth Ave., New York 11. Listed under subject headings, the books are described briefly, with prices. The catalog is fully indexed and carries insert pages on new and forthcoming books and special books in some departments. (Key No. 907)
- Two catalogs have recently been issued by The C. V. Mosby Company, 3207 Washington Blvd., St. Louis 3, Mo. "Mosby Texts for Nurses, 1949" is a 44 page booklet, fully indexed, listing nursing texts under subject headings. The 100 page "Mosby Medical Books, 1949-50 Catalog" contains the full list of Mosby medical titles, listed under subject headings and fully indexed. A 4 page center spread lists new books and editions in the medical, nursing, dental and college fields. (Key No. 908)

- The Marble Institute of America, 108 Forster Ave., Mt. Vernon, N.Y., has issued a comprehensive booklet on "The Care and Cleaning of Marble" which should prove invaluable to maintenance and housekeeping departments of institutions with any marble in the structure. The 16 page booklet gives detailed instructions for cleaning interior building marble, exterior building marble, removing stains, cleaning by the poultice method, gives directions for making bleach and Javelle water and mentions precautions to be taken in cleaning marble. (Key No. 909)
- Valves, designed to protect property, equipment and supplies against backwater from excessive rain, flood conditions and inadequate sewer carry-off, has recently been issued by Josam Mfg. Co., 1302 Ontario St., Cleveland 13, Ohio. (Key No. 910)
- "Radi-Aire Circulators and Special Fans for Hospitals and Institutions" is the title of Bulletin 234 issued by Reynolds Electric Co., 3000 River Rd., River Grove, Ill., giving detailed information on fans and circulators. (Key No. 911)
- A new folder on Backwater Sewer The "Proceedings of the Hospital Financial Control Institute" held by International Business Machines Corp., 590 Madison Ave., New York 22, in Endicott, N.Y., last summer have recently been published in booklet form. The 64 page booklet, covering the major phases of hospital accounting, contains the papers presented at the Institute and a summary of the discussions which followed the presentations. A list of the many hospital people participating in the Institute is given following the index. The papers are illustrated by reproductions of the accounting forms and record sheets discussed. (Key No. 912)

TO HELP YOU get information quickly on new products we have provided this convenient Readers' Service Form. Check the numbers of interest to you and mail the coupon to the address given below. If you wish other product information just list the items and we shall make every effort to supply it. If you read the hospital copy or the administrator's copy of The MODERN HOSPITAL or for any other reason do not wish to clip the magazine itself, upon request we shall be glad to send you regularly a reprint of this department containing the coupon.

Bessie Covert Editor, "What's New for Hospitals"

845	Infant-Air Incubator	□ 880	Green Stropperless Bottle
846	Mininberg Ambulatory Oscillator	551	
847		882	
848		883	
849	B-D Steritubes	884	Vitamin B. Concentrate
850	Front-Loading Washer	885	Dihydrostreptomycin Sulfate
851		886	
852	Heatproof Dinnerware	887	Carmethose
853	Water Coolers	888	Solulexin
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Book Announcements

W. B. Saunders Co., W. Washington Square, Philadelphia 5, Pa. Hansen, "A Review of Nursing," 6th ed., 866 pp., \$4.25. The new (1949) Mayo Clinic Volume, 918 pp., \$11. McLester, "Nutrition and Diet in Health and Disease," 5th ed., 800 pp., \$9. O'Hara, "Psychology and The Nurse," 3rd ed., 253 pp., \$2.75. Pepper, "Medical Etymology," 263 pp., \$5.50. Stieglitz, "Geriatric Medicine, 2nd ed., 773 pp., \$12. (Key No. 913)

Suppliers' News

Changes of address have come to us from the following:

A. B. Dick Co. from 720 W. Jackson Blvd., Chicago 6 to 5700 W. Touhy Ave., Chicago 31.

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N. Snellenberg & Co. from 12th & Market Sts. to 1505 Walnut St., Philadelphia 2, Pa.

The Ohio Chemical & Mfg. Co., 1400 E. Washington Ave., Madison 10, Wis., announces the organization of the Ohio Chemical Pacific Company to handle its business in the states of Washington, Oregon, California, Idaho, Montana, Utah, Nevada and Arizona, General offices of the new subsidiary are located at 1379 Folsom St., San Francisco 3,

The Standard Stoker Co., Inc., Erie, Pa., announces the acquisition of the Chicago Automatic Stoker, a spreader stoker with an adjustable fuel distributor capable of handling a wide range of coal sizes in a stationary power plant. The Chicago Automatic Spreader Stoker is now being made in the company's Erie plant.



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